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LECTURES

ON THE

Diseases of the Nervous System,

BY

DR. CLUTTERBUCK.

LECTURE X.

On the Varieties of Idiopathic Fever.

THE *third* variety of *simple continued fever*, is that which has been generally called by English writers, the *low nervous fever*, (*febris lenta nervosa*,) the *typhus mitior* of Dr. Cullen. This is the prevailing form of fever in this country at present, and is marked by the mildness of its character at first, and its protracted duration, often to the extent of three or four weeks; the symptoms, however, generally increasing in severity as the disease proceeds.

It commonly makes its approach slowly and insidiously, so that many days often elapse before the disease is fully formed, or even recognised. The first symptoms noticed, are general lassitude and indisposition for all exertion, both bodily and mental. There is a sense of weight and pain in the head, back, and limbs. There are occasional fits of chilliness, the skin being at the time, perhaps, preternaturally warm. The appetite is lost; the mouth is slightly parched, the tongue furred, and of a yellowish white colour; the sleep disturbed and unrefreshing; the pulse rather weak and frequent, but soft. These symptoms go on increasing from day to day, the cerebral functions becoming more and more impaired or disturbed as the disease proceeds. The patient, after having passed several restless nights, is observed to be slightly delirious on waking; the delirium gradually increasing from day to day, till it becomes nearly constant, though he may generally be roused to recollection for a time. The prostration of muscular strength increases, and the patient is found lying stretched out on his back, sliding continually towards the bottom of the bed. *Tremors* of the hands, (*subsultus tendinum*,) and of the tongue when attempted to be put out for examination, are observed. The crust on the tongue turns gradually darker, till it becomes perfectly black in many cases; while a similar black incrustation is seen about the teeth and lips. The countenance is dull and unmeaning. The skin altogether acquires a dark and dirty hue; it is often hot and dry to the feel, but at times covered with sweat. The stools and urine are at length discharged involuntarily. The pulse is soft throughout, though not reduced in point of strength by any means in proportion to the muscular debility present; but as the disease proceeds, the pulse becomes smaller and weaker, so as to be easily compressed; and at the same time more and more frequent, beating 120, 130, or even as high as 150 times in a minute. In this way, unless some accessory inflammation should arise, the patient gradually sinks and dies, after a period of 20 or 30 days, or even more.

You will find in the older writers, constant reference made to *critical days* in fever; meaning thereby, certain days upon which fever is more disposed to terminate than on others. Among these *critical days*, the 3d, 7th, 11th, 14th, and 21st, are particularly mentioned. Now considering how generally this opinion of *critical days* was maintained among the ancients, who were very acute observers of diseases, it would be unreasonable to suppose it to be wholly without foundation. It is true that in modern times the fact of fevers having a tendency to observe certain periods has been questioned; but then you are to consider, that the ancient writers upon the subject lived in a very different climate from ours, and treated fever in a very different way. The medicines then in use were comparatively inert, so that the disease, in fact, was left very much to itself; whence its natural tendencies might be seen. But in the present day, we are in the habit of employing medicines of the most powerful and even violent kind; by which the natural course of the disease is disturbed, and often wholly

interrupted. Nevertheless, I think, the tendency to observe certain periods, may be seen even at present, provided the disease be left to pursue its course in a quiet way. And there is this advantage in the admission, if well founded, that it prepares us the better for waiting; and enables us at the same time to give a more satisfactory *prognosis*. Accordingly, if a fever passes the 3d day, it will seldom be found to terminate before the 7th; if it exceeds this, you may generally calculate upon its running on to the 14th; and, if mild in its characters, to the 21st. All this, however, must be taken with considerable latitude.

Such is the ordinary course of a fever of the *low nervous* kind, though subject to considerable variety. Its attack is sometimes more sudden and violent, commencing with severe rigors, followed by great heat, and a fuller and stronger pulse, so as to resemble the *inflammatory fever* before described; in which case, the disease altogether is commonly of shorter duration, and is disposed to terminate by profuse sweating. Those cases that commence slowly and mildly, are generally much protracted, and go off in a gradual way, without any thing like a *crisis*; sleep then returns, the tongue becomes gradually cleaner, and appetite is restored. This is the ordinary course and termination; but if injudiciously treated, as by the use of *stimulant* medicines of any kind, or by confining the patient in a heated and impure atmosphere, the mildest case may be made to assume the characters of the most *malignant*. As, on the other hand, the removal of a patient from such a situation into a cool and pure air; with the abstraction of *stimuli*, where these had been improperly applied; will often at once, as by a charm, occasion the disappearance of all the formidable symptoms. In the present day, the *putrid* or *malignant* form of fever is rarely met with in the practice of our public institutions, except as the result of great neglect; whereas formerly, it was of almost daily occurrence; and proved fatal in a large proportion, as you may see in the *Memoirs of the General Dispensary*, published by the late Dr. Lettsom. The reason is obvious: at that time, the *cooling* treatment of fever was not in very general use; the employment of *bark* and *wine* to a great extent, was the ordinary mode of cure. At present, we act in the reverse way; following the dictates of common sense, in regard to the general management of the patient; that is, allowing a free admission of cool and fresh air, and cold water to quench thirst; avoiding carefully at the same time all *stimulant* and *exciting* means, either in diet or medicine. An attention to these points alone, is, in most cases, sufficient to ensure a mild disease, and a favourable termination.

Causes.—Fever is disposed to assume the *low* or *nervous* type, when it occurs in habits of no great strength; in the confined and unwholesome atmosphere of large towns, and in a low situation; and especially towards the end of summer. Its immediate or *exciting* causes are, any of the ordinary causes of inflammation in general; such as exposure to cold, or too high a temperature of the air. A sudden change of weather from cold to warm, is always observed to be productive of fever with unusual frequency, and indeed of brain-affections in general. When fever arises from this cause, and in the circumstances just mentioned as predisposing to the disease, it very generally assumes the *low* or *nervous* type. *Mental anxiety*, and the other *depressing* passions, as we call them, when long continued, are also powerful causes in exciting this form of fever. Such affections of mind have a great influence on the general health, which, to speak figuratively, they gradually undermine. The action of the heart is enfeebled, the circulation languid, animal heat diminished, and the secretions ill performed; the appetite is impaired, and the sleep unrefreshing. I need not say more to account for the general weakness of system that is thus produced. But it seems to be thought, that the circulation of the brain itself, which is doubtless the medium through which the general health suffers in these cases, is diminished, like that of the rest of the system. This, however, is no necessary inference, nor is it consistent with the phenomena that present themselves, while its admission leads to improper practice. When we speak of *depressing* passions, it is in allusion to the *spirits* merely, not the general strength of the body. The notions commonly entertained on this subject, are by no means correct, and tend to mislead in practice; as they suggest the idea, that depression of *spirits* and depression of *strength*, are the same thing. Accordingly, it is not unusual to hear of *wine* and other *stimulants* being recommended, only because the *spirits* are low and depressed. This generally aggravates the mischief, and often induces actual disease in the brain, where perhaps none before existed. Mental distress or anxiety is a cause of excitement to the vascular system of the brain; the action of which it first simply increases, producing throbbing pain in the head with increase of heat in the part, and want of sleep. If the cause be long continued, it gives rise at length to actual inflammation of the brain, generally in the form of the *low* or *nervous fever* now described.

Theory.—The peculiarity of this variety of fever, consists in the comparative mildness of the symptoms in the beginning, and its protracted duration; with the gradual

accession of the worst or most *malignant* symptoms, towards the end of the disease. The general character of the symptoms, however, is still the same, differing from the other forms of fever merely in degree. The essential, or *pathognomonic* symptoms, all point to the brain as the primary seat of disease. The head is the part principally, and almost exclusively, complained of, as the seat of pain; while the disturbed state of *feeling*, as observed in all the different *organs of sense*, those of *vision*, *hearing*, *touch*, *taste*, and *smell*—the *depression* at first, and, subsequently, the *derangement* of the *voluntary power* of the system—and, lastly, the inability for *mental exertion*, followed, in almost every protracted case, by actual derangement of mind—all serve to show the disordered state of the *sensorium*. These symptoms are not found in other diseases; while they belong essentially to *idiopathic fever*, and serve unequivocally to mark its seat. The *diagnosis*, or means of distinguishing *idiopathic fever* from other *febrile* diseases, is founded entirely on the state of the brain and its functions; the *pyrexia*, or general febrile symptoms, it possesses in common with other inflammations.

There is a remarkable contrast to be observed between the state of the *muscular* strength, and that of the *general vascular system*, in this variety of fever; for, often, where the *muscular* weakness is so great, that the patient can hardly support himself erect, the *pulse*, in point of *strength*, as well as *fulness*, scarcely varies from the natural standard. This circumstance you will find noticed by numerous writers, especially by Sauvages, a French nosologist of great celebrity. He says of fever in general, that there is always observed a greater degree of prostration of strength (meaning *muscular* strength), than was to be expected from the state of the *vital powers*, that is, the force of circulation; and in regard to the particular form of fever we are now describing, (the *typhus mitior*, or *low nervous fever*,) he observes, that whilst the pulse often is neither more frequent, nor stronger, than in health, the power of the limbs is nearly lost. Now I need not observe to you, that the *muscular power* is altogether dependent upon the brain, and is, in fact, one of its peculiar or *special* functions; while the *organs of circulation*, though not uninfluenced by the brain, are yet to a certain extent independent of it; whence it is that, in many of the diseases of the brain, as well as the present, the general circulation is but little disturbed. If you felt the pulse merely, without inquiring into the other circumstances of the case, you would not be able to form an estimate of the degree of disease actually present, nor to judge of its danger.

And thus you learn, that the *general vascular system* is not the seat of fever; in other words, that fever is not a disease of the whole system, as has been generally supposed; while all the essential characters, those which are invariably present, refer themselves unequivocally to the brain as the primary seat of disease; for they consist in pain, or other uneasy feelings, and disturbance of functions, in this organ. This, which is from the first obvious, becomes still more manifest, as the disease proceeds. The organ becomes less and less capable of performing its various offices, till they are at length annihilated; as is seen in the worst or most *malignant* forms of the disease, the last stage being nearly the same in all.

If the patient dies from the fever itself, and not from some supervening or accessory disease, as is not unfrequently the case, the brain, as far as I have seen, never fails to exhibit marks of pre-existing inflammation; such as increased vascularity, redness and opacity of membranes, with more or less accumulation of serous fluid, in proportion as the disease has existed for a longer or shorter period. I should have remarked to you, that the blood when drawn from a vein, in this as in other varieties of fever, exhibits strongly the ordinary changes induced on it by continued inflammation. This is not always observed in the first or second bleedings; but if the disease proceeds, such appearances will almost constantly be found. The change, however, induced on the blood, by inflammation affecting the general substance of the brain, or what we call *idiopathic fever*, is in some striking points peculiar. The inflammatory crust is rather *size* than *buffy*, that is, it is gelatinous or semi-transparent; and it frequently retains a portion of the *red particles*, so as to acquire a pinkish tinge. It is loose in texture, and flat in its surface, which extends nearly the whole diameter of the vessel in which it is taken; and, in many cases, the *serum* does not separate from the *fibrine* at all. This softness and want of contractility in the crassamentum of the blood, has an analogy with the softness of the pulse, and general laxity of the solids, and probably proceeds from the same cause, an interruption to the supply of the nervous or vital power as derived from the brain, in consequence of the diseased state of this organ. In the worst forms of fever, the *putrid* or *malignant*, where the *sensorial functions* are nearly annihilated, the preternatural softness or want of contractility, is still more remarkable; so as to give that general tendency to decomposition, both in the *solids* and *fluids*, which marks this aggravated state of the disease.

Prognosis.—This form of fever is comparatively attended with but little danger, provided it be judiciously treated from the

beginning; and that although the treatment be nearly passive. If the patient is kept in a cool and pure atmosphere, and if rest, both of body and mind, is enjoined, the disease rarely proves fatal, but goes through its usual protracted course, without any alarming symptoms. There are however so many exceptions to this, as to make it hardly prudent to rely upon the natural tendency in the disease to subside. For however mild in its commencement, it often goes on gradually increasing from day to day, till there is no longer room for the employment of active means of cure, and when the worst consequences may be expected to follow. This is more likely to be the case in young and previously healthy subjects, such as boys and girls from the age of ten to fifteen. Fever in such, however mild in its commencement and early stages, is always to be dreaded, and ought to be treated with great attention.

Treatment.—There are two modes of treating fever of this description, each of which has its advantages, according to circumstances. One is the *palliative* or *passive* mode of cure, the object of which is to mitigate symptoms as they arise, to avoid all causes of aggravation, and thus to conduct the disease as quietly as possible through its course. The other is *active*, and may be termed *curative*, as its purpose is to interrupt at once, or as early as possible, the course of the disease, so as to bring it to an immediate, or at least a speedier termination, than it would have if left to itself. Now it is necessary you should be acquainted with each of these, as one is occasionally preferable to the other.

With respect to the former, the *palliative* mode, the greater number of practitioners treat fever in this way; trusting to the natural tendency in the disease to decline spontaneously after a certain period, and unwilling to run the risk of doing harm where the proper indications of cure are not certainly known. They give, accordingly, the common *saline mixture*, or the *acetate* of *ammonia*, or, at most, small doses of some *antimonial* preparation. This treatment is often enough successful to secure an ordinary share of reputation for skill and judgment to the practitioner. In the advanced stages of fever, this is, in fact, the only proper mode of proceeding, the chance of cutting short the progress of the disease being then very small; while it is not certain, that active measures of any kind can be resorted to with safety.

In practising upon this, the *palliative* principle, the object of greatest importance appears to be the reducing the temperature of the body as far as possible to the natural standard; by cool and acidulated drinks; by the free admission of pure and cool air; and, if this should not be sufficient, by occasionally moistening the skin with cold or tepid water. It is usual to make an addition of vinegar to the water on these occasions, upon some vague and antiquated notion of its *antiseptic* or *antiputrescent* power: this deserves no notice; but the practice is objectionable in itself; first, by irritating the skin, so as, after a time, to increase its heat; and next, by hiding the offensive vapours that may be floating around, thereby rendering us less able to judge of the purity of the air the patient is breathing—a point of the greatest moment. The head, in particular, should be kept cool; remembering the local and inflammatory nature of the disease. *Mild purgatives* should be frequently administered; and, in short, the treatment, however mild, should, as far as it goes, be strictly *antiphlogistic*. It is of special importance that the *brain*, the primary seat of disease, should be as little exercised as possible; and that for the same reason that it would be injudicious to use the eye when in an inflamed state. The different *organs of sense* should not be excited; nor the *muscular power* called into action; nor the *mind* exerted. Hence the advantage of abstracting the patient from light and noise; of keeping him in bed, or in the horizontal posture; and of withdrawing the mind from its usual occupation. Above all things, *mental emotion* should be avoided.

Such is the general management of the patient during the principal part of the disease, that is, as long as the pulse preserves a moderate degree of strength and fulness. With regard to drugs, or *medicines* as we are accustomed to call them, (which our patients, by the by, often designate quite as well by the term *doctor's stuff*,) there is really very little occasion for any, with the exception of *mild cathartics* as already mentioned. It is customary to give small and repeated doses of *antimony* in these cases, upon the belief that this metal possess real *febrifuge* properties; but I have never seen a sufficient foundation for this opinion: and that whether we employ the *James's fever powder* of empirical notoriety, or the more efficient *tartarized antimony*. As far as these, or either of them, induces nausea or vomiting, they may do some good; as any other *emetic* substance would do; upon the principle of *counter-irritation* simply. Beyond this, they have, as I believe, no *febrifuge* power. The *pulvis antimonialis* of the *Pharmacopœia*, nine times in ten, is altogether inert and useless; and that though it be exhibited in much larger doses than it commonly is. A common *saline draught* is as good a *placebo* as you can employ in these

cases. I would particularly caution you against the use of *opium* in the early stage of fever, for the purpose of procuring sleep, an effect which it rarely produces: on the contrary, it generally renders the patient more disturbed, hastens the approach of delirium, and aggravates the febrile state of system altogether. This is the consequence of its exciting the vascular action of the brain, which is its proper and specific operation.

In the more advanced stages of the disease, when the general strength is greatly reduced; when the pulse has become weak and small; and when *subsultus tendinum* appears; then, and not before, a change of plan becomes necessary. In this state of things, *stimulants* and *opiates* appear to be really serviceable. *Wine* may be administered in moderate quantities, and at pretty regular intervals: and, along with this, small doses of *camphor*, *snake root*, or *ammonia*. Fifteen or twenty drops of the *tincture of opium* may be given at night; or repeated smaller quantities through the day. In this stage too, *blisters* are perhaps useful. I have said nothing as to the use of *food*, because where it is so much loathed as is generally the case, it is manifestly improper to exhibit it: but where the patient is not averse to take food, and especially where he shows a decided appetite for it, there is no advantage in withholding it, provided it be of simple quality. You will find small portions of bread and milk as good, I believe, as any other.

This, then, is the *passive* or *palliative* mode of treating fever, the advantages of which are, that it is simple and easily put in practice, while it calls for no particular exercise of judgment in the practitioner; so that upon the whole, perhaps, it is the best adapted to general use. It has, however, on the other hand, many and great disadvantages, which render it far inferior to a more active mode of cure, judiciously applied. It protracts unnecessarily the sufferings of the patient, and reduces the real strength of the system in a greater degree, and far more lastingly, than the employment of what are considered *debilitating* means, such as *bloodletting* undoubtedly is. But there is this difference, that when a fever is removed quickly, though by a large abstraction of blood, the nutrient functions are immediately resumed in the most active way, and the waste of the body is rapidly supplied. While, by proceeding in the other way, the disease being allowed to run a protracted course, the greatest emaciation takes place, and the stomach by long abstinence, and by being frequently irritated by the employment of drastic purgatives, according to the general practice, is rendered nearly incapable of performing its functions, so that months often elapse before the organs of digestion recover their powers, and before the general strength is recruited. Nor is this the only disadvantage incurred by so protracted a course. There is always a risk of the disease, however mild at the outset, assuming the *typhoid* character when left to itself, a thing that hardly ever occurs, if active *antiphlogistic* means are applied in the beginning: while there is a great chance also, from such a continuance of inflammatory action in the brain, of a foundation being laid for some alteration of structure in the organ, giving rise to a permanent disorder of one or more of its functions. And thus it is, that *paralysis* in some form; loss of one or other of the *senses*; impaired memory, or other derangement of *intellect*; are among the not unfrequent *sequelæ* of this disease. There is the further risk, likewise, during so protracted a course, of inflammation arising in some other organ, by which the danger altogether is often enhanced. These are cogent reasons for having recourse to active means of cure, for the purpose of abridging the course of the disease, provided it can be done with safety, and with a tolerable chance of success.

Now the means of interrupting the course of a fever quickly, are in all essential respects the same, as those we employ for the cure of inflammation in general; namely, *bloodletting*, and *counter-irritation* of different kinds. *Bloodletting*, to be effectual, must be performed very early in the disease, and with as much freedom as the general strength of the patient will allow of; it may then be done with perfect safety, and with almost a certainty of preventing the occurrence of the worst or most *malignant* symptoms, even should the disease continue to run its course; for by checking the inflammatory action going on in the brain, the organ is able to carry on its functions, instead of falling into that state of overwhelming oppression, upon which the symptoms of *malignity*, as they are called, depend. The more violent the attack, the less time should be lost before the lancet is resorted to. In milder forms of the disease, (in which *bloodletting* is not less effectual, though not so urgently called for,) it may have the desired effect, or, at all events, may be employed with safety, where the disease has subsisted for many days. I have often used it in the second week of fever; but always, then, to a very limited amount, as that of five or six ounces at a time. Even at a late period of the disease, if the tongue is extremely *dry*, though brown, (provided the pulse still retains even a moderate share of strength and fulness,) I believe blood may be safely and advantageously drawn to a small extent; although it cannot then be

expected to bring the disease so quickly to a termination. The blood drawn in these cases, never fails to exhibit signs of the most active inflammation; and that where the fever is of the simplest kind, that is, where it is not combined with inflammation in any other organ. Under the limitations I have now stated, *bleeding* is a safe remedy in fever, even in weak subjects, though I do not urge you to consider it as indispensable in such. But in young and vigorous subjects, especially at the period of youth, it is very dangerous to omit it, and to trust to other means. *Bloodletting*, in these cases, is infinitely the best, because the safest remedy.

The rest of the absolutely *curative* treatment of fever, consists in *counter-irritation* of different kinds, that is, the making a powerful impression upon some part of the system, so as to influence the diseased action that is going on in the brain. For this purpose we may act upon different parts, with more or less effect, according to their more or less intimate connexion with the brain. The *stomach* is particularly well adapted to such a purpose. Accordingly, *emetics*, either in nauseating doses, or given so as to produce full vomiting, have a powerful effect in checking, and often in interrupting altogether, the course of fever of the kind we are now alluding to. When I was less cognizant than at present of the advantages of *bleeding* in fever, I relied much upon the use of *emetics*; giving them at intervals of six or eight hours, for two or three days together; often with the effect of superseding the disease. Should this fail to be the case, the disease must be allowed to run its course; which, however, is likely to be at least mitigated in its violence, by the practice now recommended. As the object of employing *emetics* in this way, is not merely that of discharging the contents of the stomach, but to produce a certain degree of disturbance in the system, it is obvious that the mildest may not be the most effectual; but, of course, you must be careful not to carry them to excess.

Purging is another mode of producing *counter-irritation*; and which, to be effectual, must be active; the object, as with regard to *emetics*, being more than mere evacuation. But then you must not forget, that the too frequent use of the more drastic purgatives, is very capable of exciting inflammation in the whole tract of the intestinal canal; an effect which I believe, is by no means uncommon in the present day, when purgatives, especially *calomel*, are carried to such an unwarrantable extreme.

Sweating is a powerful means of producing *counter-irritation*, and has been often employed in the cure of fever with success. It is indeed a very old practice. It, however, requires some discrimination. *Sweating* can hardly be excited and maintained for any length of time, without the use of very active *stimulants*; but these, in cases where the general vascular action of the system is in great excess, would be likely to aggravate the disease. Now this is the case in many fevers, especially in the beginning; and therefore *sudorifics* are then generally objectionable, more particularly if opium be employed for the purpose. In other circumstances, and towards the end of the disease, they may be employed with advantage. I may add, with regard to the different modes of producing *counter-irritation* hitherto mentioned, that they are all rendered more safe, as well as more effectual, by previous *bloodletting*; which, therefore, should always take precedence of the others.

The practice of *cold affusion* may be reckoned among the means of strongly impressing the general system, and doubtless the brain itself, as is evident from the disturbance it occasions in the *voluntary power* more particularly. In what degree it is capable of arresting the course of fever altogether, can only be learned from experience. We have the very respectable testimony of Dr. Wright, who practised chiefly in the West Indies, and of Dr. Currie of Liverpool, in its favour; so that no doubt can be entertained of the power of this remedy, in many cases at least, to cut short the course of fever. The practice, however, never got into very general use, and is now almost entirely neglected. It had to encounter a good deal of prejudice in the public mind, which always connects together *cold* and *disease*, as *cause* and *effect*; while the *cold affusion* is no more certain as a remedy, than others. It is further liable to the objection of occasionally inducing pulmonic inflammation, rheumatism, or other inflammations. Hence it is hardly at present thought of, for the cure of fever.

I believe, when the first violence of fever is subdued by *bloodletting*, or has subsided by continuance, that *mercury* may be advantageously employed, as a means of *counter-irritation*; giving, for example, a grain or two of calomel every four or six hours, till its influence in the system begins to be perceived. And I have repeatedly seen reason to think, that in proportion as the *mercurial action* was excited, the fever gave way; the tongue becoming clean, or at least changing its character, from the brown or yellow crust to the white, with a corresponding diminution of other symptoms. If I am not mistaken in this, I should say, that in this as in other inflammations, less *blood-*

letting will suffice; which is doubtless a great advantage. It is remarkable, however, that *mercury* is very slow to produce its specific effect on the mouth, in cases of fever; although it appears not less ready to irritate the intestinal canal, even into inflammation. This, it is necessary you should be well aware of; for the mischief may be taking place when it is the least suspected, owing to the want of consciousness in the patient. You should therefore examine carefully the state of the abdomen from time to time, whenever you are employing such means.

Lastly, inflaming the skin by cantharides, or other means, may be included under the same general head with the former, as means of *counter-irritation*. This, I believe, is but of little efficacy in the early stage of the disease, but may be useful at a later period.

I have now, Gentlemen, endeavoured to explain to you the principal varieties of *simple continued fever*, as known under the names of the *inflammatory*, the *violent* or *malignant*, and the *low nervous fever*. There are, besides, numerous instances, which do not come up quite to the characters mentioned; where the disease, in fact, is not fully formed, so as to merit strictly the appellation of *fever*: where, for example, the head-ach, disturbed sleep, prostration of muscular strength, and other *local* symptoms, as they may be termed, are present; but where the general vascular system does not respond; in other words, where little or no *pyrexia* shows itself. These were called by Dr. Rush of Philadelphia, *walking cases* of fever, and many such are observed, when fever is *epidemic*, or unusually prevalent. They are often called here, *sick headaches, bilious attacks*, or *feverish colds*. If neglected, or, still more, if improperly treated by *stimulants* of any kind, they are apt to grow into a more formidable state of disease; but by active *antiphlogistic* measures, they are in general quickly subdued.

It is hotly disputed by some, whether this variety of fever, or indeed any of the forms of ordinary fever, are capable of being propagated by contagion, in the manner of *small-pox* and other *specific* fevers, which are universally allowed to spread in this way. This point I mean to call your attention to, in our next Lecture; hardly with a hope, however, of being able to set the question at rest. Yet the prevention of the disease is so much involved in it, as to make it a very fit subject for inquiry.

A LECTURE

ON THE

CLASSIFICATION OF DISEASES;

OR,

NOSOLOGY.

BY MR. WARDROP.

Delivered at the New Theatre, Aldersgate-street.

Having made some prefatory observations on the advantages of the classification of diseases, and on the derivation and import of the term *Nosology*, Mr. Wardrop proceeded:—

"You may observe, that there is a love of order or arrangement in mankind, commencing at the very dawn of reason; and when the intellectual powers are, as it were, scarcely awoke, the child begins to select and arrange such material objects as happen to be within its reach. It places bodies together which are of the same form, and it collects into one place objects of the same colour or of the same size. This faculty seems intended for the wisest purposes, and though it may be observed throughout the animal creation, yet it is bestowed on man in a pre-eminent degree. It is that faculty which, when his intellect has advanced to maturity, enables him to divide, arrange, and classify the various objects around him; whilst also it is one of the most important of our mental powers for transacting what is usually called the business of life. It is, indeed, of such importance in the operations of the mind, as to have attributed to it, by phrenologists, a particular organ, which they consider situated in the anterior lobe of the brain, corresponding with the extremity of the superciliary ridge. "Order," says the poet, "is heaven's first law."

By putting together things that have certain resemblances to one another, and becoming acquainted with such resemblances, the remembrance of each object is greatly assisted, whilst, at the same time, we are easily enabled to contemplate the system of nature as a whole.

It is very easy to imagine that man, even in his rudest state, should, to a certain extent, have thus methodized the objects around him—that he should have been struck with one tribe of the animal creation walking about on the surface of the earth—with another flying in the air—with a third, dwelling in the waters—and, above all, that his mind should have been arrested with

the striking difference between the living and the dead, between organised and inorganised bodies. You will easily perceive that this germ of classification must have become more and more developed, only as the knowledge of natural objects became more extended. If the mind were directed, therefore, to the animal creation, it is easy to see how progressively man must have been led to observe, not only that there were birds, and fishes, and beasts, but that there were distinct tribes of each of these classes of beings. That some birds lived chiefly in the air, inhabited the highest trees and the loftiest mountains; that others frequented only marshy grounds, or swam in lakes and rivers; that some fishes crawled and some swam; that some beasts were carnivorous, devouring one another, and that others were harmless and lived on the fruits of the earth. He must also have been struck with the peculiar forms or organs which the different tribes of animals possessed, to befit them for their peculiar modes of life. Thus, in natural history, an order or arrangement must, however imperfectly, have been made from the very commencement of civilization. It is easy to trace how this system of arranging the various objects of nature should have been introduced at a very early period into medicine. Even in the rudest ages certain resemblances must have been perceived in the characters of some diseases. It was natural that the diseases of the skin, merely from their situation, should be compared and classed together; that the same thing should have been done with regard to the different diseases of the bones; and it is not difficult to imagine how also the diseases of different parts or regions, such as those of the head, chest, or abdomen, or of particular organs, such as the eyes, ears, or mammæ, should have been arranged together, and thus the basis formed of a methodical system of nosology.

It was long, however, before medicine could be said to have assumed a rank amongst the sciences, and the earlier writers could not be expected to have devised any thing like a very accurate or comprehensive and systematical arrangement of diseases. Being a science of observation, the progress of medicine was naturally slow, and a full and adequate classification could not have been obtained, until a vast number of facts had been collected by a rigorous system of examination. Had physicians been contented with devoting themselves to observation, and to collecting facts, perhaps nosology would have made more rapid advancement, and kept pace with the other branches of knowledge. Instead of which, medicine became fettered by false theories and hypotheses, and various classes of diseases were formed from erroneous notions of their nature, of the seat of the diseased parts, or of their supposed causes. Felix Platter, a Swiss, has the credit of having made the first attempt to form a classification of diseases, and as his work tended to divert the mind from the arbitrary method which had previously been pursued, its utility was such as to cause it to be very generally adopted in the schools until another system of classification was published by Sauvages. The classification of Sauvages was almost universally adopted, until another new arrangement of diseases was proposed by the celebrated Linnæus. Immediately afterwards another system was proposed by Vogel of Gottingen, and lastly, Cullen published his system of nosology, which with some, and these often trivial alterations, has since been very generally adopted in the different medical schools, both in this country and on the continent.

These nosologists, however, differed as to the principles on which the classification of diseases should be founded. They arranged some diseases according to the particular function of the diseased organ; at other times the diseases of each organ were classed together; in other instances, diseases were arranged according to the region or part of the body in which the affected organ was situated. Diseases were also classed together according to some opinion formed of their nature, or of the agent supposed to have produced them; and classes of diseases were likewise made from some common external or internal character; and diseases were also divided into those situated in the external, and those in the internal parts of the body.

Of the first mode of arranging diseases, or of classifying them according to the function of the diseased organ; you have examples in the diseases of the organs of digestion, of the organs of respiration, &c.

You have an example of the classification of the diseases of particular organs, in those systems where you find the diseases of the lungs, diseases of the stomach, of the uterus, ovaria, testicles, &c., separately treated of.

Those nosologists who have classed the diseases of the head, the diseases of the chest, and the diseases of the abdomen together, afford examples of an attempt to arrange diseases according to their position or the region of the body in which they are situated; and the classes of miasmata, profluvia, contagiosa, &c., have been formed from some supposed knowledge of their causes; whilst the class of tumores has been merely formed from a similarity of outward appearances, viz. that of external swelling.

All those artificial arrangements have led to the necessity of bringing into the same

class, order, and genus, diseases which have no analogy with one another.

Thus, under diseases of the organs of digestion, are comprehended peritonitis, diarrhœa, dyspepsia, constipation, and cancer of the stomach, &c.

Under the class of diseases of particular organs, as of the lungs, you will find pneumonia, asthma, pthisis, and a variety of different tubercles.

In the class of diseases formed from the relative situation, as that of the head, we have diseases of the dura mater and cranium, hydrocephalus, and the various tumours of the brain.

Under the class of diseases supposed to arise from the same causes, or to be of the same nature, we find scarlet fever, plague, hooping cough, dysenteries, &c.

And under those classes which have one common character, or external symptom, as tumores, there are included encysted tumours, cancerous, scrofulous, osseous, and other swellings, together with hydrocele, and the pregnant uterus.

I need not here allude to the division of diseases into those which are external and internal, as I am not aware that any nosologist has ever attempted so unphilosophical a task.

However imperfect these different systems of nosology may have been, they still served the important purpose of exciting the attention of medical men, to compare diseases together, to find out analogies or resemblances amongst some of them, and in many instances, to establish some general principles for their treatment. On the other hand, these classifications have been in some instances hurtful, from attempting to arrange together, and to apply similar methods of treatment to diseases totally different from one another. The table of diseases in all those nosological systems is so extensive, that there is something repulsive to the mind of a student, to contemplate so laborious a task, as the attention necessary to obtain a knowledge of them; at the same time some system is indispensably necessary for you in the prosecution of your studies. If one of you, perfectly unacquainted with diseases, were to have placed before you a hundred sick afflicted with a variety of ailments, would not your first step be to group together those, which seemed to you to have some resemblance, and thus to enable yourselves to form some general notions of the different diseases? and how much would your labour have been abbrevinted if such an arrangement had been previously pointed out to you, and that you had found all these diseases which had certain analogies to one another placed together? One of the chief objects of nosology, is to save you all this labour. In all the natural sciences, the advantages of classification have been universally admitted, and in proportion as chemistry, mineralogy, botany, and other branches of human knowledge have advanced, so have the errors of former classifications been corrected, and more perfect systems thus formed. Hence have the objects of these sciences been not only forwarded, but the means of acquiring a knowledge of them have been incalculably abbreviated.

Since the time of the illustrious Cullen, whom we may consider as the latest author that has attempted to form a complete system of nosology, the science of medicine has made rapid and important advancements. The zeal for research in pathological anatomy, which was kindled in this country by the Hunters, and so admirably pursued by Baillie, together with the enlightened views which Bichat afterwards gave of "General Anatomy," and its application to the philosophical investigation of diseases, have not only contributed essentially to the advancement of pathological science, but have, in my opinion, opened an extensive field for the improvement of a methodical nosology. It is clear that Bichat himself foresaw the influence which the splendid general views he had given of the natural structure of the human body would ultimately have in the investigation of diseases, and had he lived, he would probably have pursued pathological anatomy with as much zeal and success as he had investigated the natural structure; and further, that his researches would have led him to form a new arrangement of diseases.

Anatomy was for a long time considered as merely a knowledge of the relative position, magnitude, and situation of the various organs. This acquaintance with anatomy was, however, only the first step towards acquiring a knowledge of the functions of the different parts, but it did not serve this purpose except under particular circumstances. When the anatomist divided the body into districts or regions, and shaped his inquiries to suit such divisions, it is natural to suppose that every organ must have been viewed as insulated and detached, the most minute parts might have been discovered and described by him, but their mutual connexion and sympathies must have been unknown. Thus anatomy and physiology were disjoined, anatomy was imperfect, and physiology could scarcely be said to exist. A more minute and philosophical examination, however, of the structure of the different organs, gradually led the way to a more accurate knowledge of some of their functions, and pointed out the principles which should regulate the investigation of every rational physiologist.

Anatomists were now no longer contented with a view of the mere relative situation and structure of any particular part or particular organ, but they analysed the human

frame into those primary or original materials, of which all its parts are formed. I do not mean by the term original materials, the chemical elementary particles which enter into the composition of organised bodies, but those textures or tissues which we find entering into the composition of various organs, and which are composed of the same materials, and perform the same function in whatever part of the body or organ they are examined.

In pursuing this mode of investigation, both physiology and pathology were freed from many of the chimerical conjectures by which they had been so long debased, so that they have now assumed a rank among the sciences.

To the celebrated Bichat we are in an especial manner indebted for having conducted us into, and having most successfully explored, this field. His "Anatomie Générale" I consider one of the most remarkable productions which has ever appeared in medical science, having opened a path of investigation which can scarcely be said ever to have been trodden before, and which has laid the foundation of a new anatomy, a new physiology, and, I may add, a new mode of investigating diseases. Most of the organs of the body are made up of a variety of elementary parts or textures, each of which, whatever be its situation, affords uniformly the same physical properties. These elementary parts, by the diversity of their combination, produce all the modifications of structure and functions which the different organs exhibit. Now it is the study of the elementary textures unconnected with, and independant of the organs in which they occur, that forms the object of what is called general anatomy.

This method of investigating the structure of organised bodies, may, no doubt, be traced in the observations of many of the older anatomists; but its introduction, as a system, we owe entirely to Bichat. It may be traced in many of the ingenious physiological theories of John Hunter, and whatever appearance of originality there may be in Bichat's works, it is not to be denied that he must have derived important hints from the previous labours of Hunter; though, from the obscurity which pervades Hunter's writings, it is not improbable that Bichat obtained much less information from them than what might, at first sight, be supposed. Indeed, I have reason to believe, from a very interesting conversation I once had, with a particular friend and companion of Bichat, that he worked alone, and that the numerous volumes he has published, are to be chiefly considered as the labours of his own ingenious and comprehensive mind. And, if you will compare the characters of these two men, Hunter and Bichat, it is interesting to remark, in many instances when they seemed to have had the same objects in view, how different were the roads they pursued to attain them. Hunter possessed a mind wonderfully acute in observation, and nothing seemed to escape his penetrating eye; but the various phenomena he was thus enabled to perceive, he had not the power to arrange and classify, so as to be able to explain them clearly and distinctly to others. It is on this account that many parts of his works are even unintelligible, unless to those who have already become acquainted with the subject.

Bichat, on the other hand, whilst he seems to have possessed an acute and accurate power of observation, had likewise, in an eminent degree, the power of arranging and combining facts, and of arriving at general conclusions; whilst he also possessed a facility in communicating his knowledge to others in the most intelligible manner. In judging, therefore, of the merits of Bichat, let us not attempt to strip him of his originality, because a hint, more or less obscure, is to be found in John Hunter's previous writings. It is indeed impossible to contemplate anything more interesting in medical history, than a review of the lives and writings of these two extraordinary men. Hunter lived upwards of sixty years; and if you look at his writings and his museum, you cannot help being amazed at his industry, and admiring the extent to which he advanced many parts of medical science. Bichat, however, died when only thirty-three years of age, and his four volumes on General Anatomy, the four on Descriptive Anatomy, his book on the Membranes, and his book on Life and Death, have left a most unexampled monument of human industry and genius. Had he lived, incalculable must have been the importance of his observations, as he seems to have possessed some of those extraordinary combinations of talent, which are seldom met with in any country or in any age!

I have already mentioned to you, that the simple analysis or division of the body into its elementary parts which Bichat pointed out, must be considered as the ground-work of all subsequent anatomical and pathological investigations. Now, in order to establish the character of these elementary textures, Bichat employed various modes of inquiry. He performed numerous experiments on living animals, persevered in tedious and minute dissections, employed chemical re-agents to supply the place of the knife, and he minutely examined every morbid structure. Having, by these means, traced the character of each separate texture, he next proceeded to investigate their various combinations as they are met with in different organs. Of these textures he

enumerated twenty-one, each of which he showed to be differently organised, and hence the dissimilarity which he pointed out in their properties in a state of health, as well as in disease. It is this division of textures which forms the ground-work of the whole fabric, and to it we must ultimately refer, in every attempt which we make to account either for the natural or morbid appearances which are to be met with in the human body. It would be out of place for me, now to enter upon a minute consideration of the elementary textures, my present object being merely to show you, in a general manner, the effect of this anatomical arrangement, in forming a pathological or nosological system. The advantages of this mode of investigating the body when diseased, must be, I think, at once obvious to you. We learn from it, that diseases, at their commencement, at least, are always confined to one of the textures of an organ, whilst the other textures remain sound. There is no organ from which this important truth may not be deduced. It may readily be illustrated by examining the diseases of the mucous, serous, and muscular textures which compose the stomach and alimentary canal, or by comparing the different affections of the cellular texture of the lungs, the mucous membrane of the bronchi, and the serous membrane or pleura covering the lungs.

The symptoms of morbid changes are likewise found to be the same in similar textures, in whatever part of the body these textures may be found. Thus the serous membranes which invest the brain, the lungs, the heart, and the abdominal viscera, have one common character when affected with any particular disease. So also have the mucous membranes, whether we trace them in the mouth, nose, lungs, vagina, urethra, or covering the eye; and the same thing may be observed, of every individual texture which enters into the composition of the human frame.

I ought also to mention to you, that besides those symptoms and morbid changes which are common to all parts, the structure of which is similar in the natural state, there are others which arise, or are determined from the particular function of the organ, wherein the diseased texture exists. For instance, when any serous membrane is inflamed, the nature of the pain, the state of the pulse, the degree of fever, the duration of the symptoms, are the same in whichsoever one of these membranes the inflammation may have taken place. But to all these symptoms are superadded difficulty of breathing and cough, when the pleura is inflamed. Constipation, strangury, delirium, when either the peritoneum or membranes of the brain are affected. The first class of symptoms may, therefore, be considered general, and characterise a disease as affecting a whole genus of textures. The second may be considered in a manner accessory, as they depend on the relative situation or particular function of the organ, into the composition or structure of which the affected texture enters.

The principles which I have stated, account admirably well for the phenomena of some diseases, and some of the sympathies which subsist between different parts of the body. But there are some disorders which advance in a different manner; for instance, in some diseases termed chronic, several, or all the textures of an organ, become gradually changed, although the primary affection were originally limited to only one of its component textures. This may often be observed in cancer, scrofula, syphilis, &c. When cancer attacks the mamma, it is at its commencement confined only to a small portion of that organ; but if it be allowed to proceed, it ultimately involves not only the whole gland, but also the adjacent cellular cutaneous, muscular, and even osseous textures, in one common mass of disease.

The foregoing observations, will, I hope, explain to you the object of general anatomy, and the important purposes to which a knowledge of that subject may be employed in the investigation of the various morbid alterations of structure, which are met with in the human body. It also appears to me, that we are now prepared to pursue the same method of arranging the diseased, as has been so successfully accomplished in the arrangement of the natural structures. That we should group together the diseases of each texture separately, and thus form each into a distinct class. Nothing seems to be a more legitimate and intelligible mode of arranging diseases.

It has been universally admitted, that the first step to become acquainted with the nature of diseases, is to know the healthy structure and functions of the various parts of the body; and why should we not adopt the same method in arranging the diseased, as we have been led to do in arranging the natural structures? Anatomy and pathology cannot be disunited; we cannot even acquire a knowledge of the one, without a previous knowledge of the other. No one ever pretended to have an accurate knowledge of diseased structures, without having first acquired a knowledge of the natural organisation of the diseased part; whilst, on the other hand, a knowledge of diseased structure has often been the means of pointing out or detecting the natural structure. There cannot be a doubt but that Bichat was led to many of his luminous views of natural structure, from observing the phenomena of disease. If you observed

the membrane lining the nose, the eye-lids, the lungs, the alimentary canal, and the urethra, each discharging a puriform fluid when inflamed, and never adhering one part to another; and if you found that there was a quantity of coagulable lymph or febrine effused on the inflamed surface of the pleura, peritoneum, and vaginal coat, and adhesion of contiguous portions, would not that point out to you an analogy or similarity of natural structure and function in these two classes of membranes? You would readily suppose that all the first were phenomena peculiar to the diseases of mucous, and all the latter to the diseases of membranes of the serous class. Thus, if each of the elementary textures be made to form a class of diseases, you will find that there is scarcely a disease, I cannot mention the name even of one, the nature of which we are well enough acquainted with to arrange in any system, for which a place would not easily be found in that classification I have now proposed.

As an arrangement particularly calculated to facilitate and abbreviate the mode of acquiring a knowledge of diseases, I hope you will have ample opportunities in this course of Lectures, of convincing yourselves of its advantages. Instead of it being necessary to enter into a minute detail of the morbid appearances of a particular texture in different organs or regions, it is only requisite to give you a general account of the morbid changes of each of the different textures, and thus, when you have acquired a general knowledge of the various diseases of all the textures, and want to know the diseases of any particular organ, you have only to recollect the natural textures of that organ, and then transfer or apply to it the general knowledge you had obtained of the diseases of its various elementary textures. To explain more fully this important point, take for example, any particular texture, as the mucous.

If you wish to consider the disease called polypus, and you are told that it is an affection of the mucous membranes; receive an account of the various kinds of polypi which grow on these membranes, and are told that such tumours are formed in the nose and pharynx, stomach and intestinal canal, in the bladder and uterus; when you wish to become acquainted with the disease in any one of these parts, in addition to the general account of polypi, you have only further to inquire into any particular symptom of the disease, when it grows in any of the above mentioned organs. Whereas, if you look at systematic works, you will find under diseases of the nose, a more or less elaborate description of polypi of that part, under diseases of the gullet, stomach, intestinal canal, bladder, and uterus, the same thing repeated of the disease in each of those parts.

We have long been accustomed to arrange in this manner the diseases of the skin, of the nerves, of the bones, of the absorbents, of the arteries, of the veins, of the cellular and muscular textures, and why should we not also apply the same method in arranging those of what modern anatomists have denominated to be elementary textures?

FOREIGN DEPARTMENT.

ANATOMY AND PHYSIOLOGY.

*Remarkable case of a Triple Dentition.**

The following curious case has been inserted in Omodei's Journal, communicated by a Dr. Aimonino:

Elizabeth Morelli, who was a well formed woman, had enjoyed good health, and had never suffered any inconvenience, except from a few attacks of tooth-ache, for which she had been now and then bled. During one of these attacks of tooth-ache, which occurred about the middle of March in 1821, she was induced, from the severity of the pain, to have the two left molar teeth pulled out. Toward the end of October in the same year, she felt some very acute pain in the part from whichthe teeth had been pulled out, and soon after two new teeth made their appearance. In January 1826, the new teeth became loose, and, causing considerable pain, she had them also drawn out. These teeth were very white and well shaped, without the least appearance of caries. On the 16th of July in the same year, the patient consulted Signor Aimonino, complaining of intolerable pain in the same part of the jaw as before. General and local antiphlogistic measures were tried without avail, and on the 18th, the patient perceived that two teeth of the same figure and size as the former had again made their appearance; these teeth were seen by Aimonino, so that there can be no doubt of the accuracy of the report of the case.

Although this has been called a case of triple dentition, it might with greater propriety have been called a *quadruple* dentition, since the temporary teeth are not included in the history of the case.

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* Annali Univers. di Medicina di Milano.

Two superior Venæ Cavæ in the human subject.

A curious case of malformation was presented by Breschet to the Philomathic Society, taken from an adult; there were two venæ cavæ superiores of an equal size; all the rest of the body was properly formed.

On the Fecundity of different European States.

An interesting paper has been furnished on this subject by M. Benoiston de Châteauneuf to the Institute of France, from which we shall presently make a few extracts. Numerous hypotheses have been from time to time advanced respecting the causes which favour or impede the increase of population. Some have sought to refer these causes entirely to a moral origin; others have endeavoured to find them in the physical condition of the soil, and in differences of temperature. Some contending that, as you advance from north to south, the fecundity becomes increased with the elevation of temperature; others, again, consider the northern latitudes of the temperate zone, as the very nursery of the human race.

Examining the question on the subject of temperature, M. C. has remarked, that if Europe be divided into two climates, the one commencing at Portugal and terminating in the Low Countries, that is to say, from the fortieth to the fiftieth degree of latitude; the other beginning from the termination of the former, and extending to Stockholm, or from the fiftieth to the sixty-seventh degree of latitude; we shall find, that in the first division each marriage produces on an average .....4·57 births

In the second division ...4·30 ditto.

If the two extremes of temperature be compared, the difference becomes still more striking, affording

In Portugal..5·10 children to a marriage;

In Sweden ...3·62 ditto.

France offers another example of the same fact, since, according to Mohean, the fecundity of the population increases gradually from north to south. Thus the average in

The south ...5·3 children to a marriage;

The north ...4·46 ditto.

These proportions were taken from the census returned in 1821, 1822, 1823, and 1824.

Admitting these statements to be accurate, it would appear that an elevation of temperature is one of the causes of the fecundity of marriage; but this is not sufficient to account for other statistical facts which may be produced. For example, if 5.14 children be the average produce of a marriage in Portugal, 5.20 is the average in Bohemia, and 5.25 in Muscovy. On the other hand, if, as is stated, the average is 4.31 in Moravia and Silesia, France, and Holland produce only 4.20; Sweden furnishes only 3.62, and England only 3.50. M. de Chateauneuf supposed that he would be able to determine the other causes by grouping in a table those countries of Europe in which the produce of marriage is the greatest, and, according to his investigation, the following is the proportion which each country affords:

	Children.
In Portugal (to each marriage)..	...5.14
In the province of Braganza.....	5.65
In Muscovy	5.25
In the State of Venice	5.45
In Bohemia.....	5.27
In the Canton of Fribourg.....	5.35
In Alsace (on the Rhine).....	5.03
In Morbihan (a part of Brittany)..	5.52
In a part of Vendée	5.46
In Jura	5.01
In the Marne	5.09
In the division of the Loire	5.68
In the Eastern Pyrenees	5.17
In a part of Dauphine (High Alps)	5.39
In the Highlands of Scotland	5.13

In this table there is a confusion of the Northern with the Southern countries; and of those bounded by the sea coast with those in the interior. What conclusion then are we to arrive at from this table? That of the sixteen countries mentioned, seven are mountainous districts; that is to say, Brittany; the Eastern Pyrenees; Scotland; the Savoy; the Canton of Fribourg, and Jura; in which the territorial productions are sufficient to ensure a sufficient supply for the comfortable existence of men.

All attempts of this kind are exceedingly difficult, and the inferences drawn even from statistical returns, are frequently fallacious. From what we have been able to collect from such authorities, ancient as well as modern, one fact appears very striking, that in proportion to the abundance of the necessaries and comforts of life the fecundity of the population is abundant or otherwise: we may therefore esteem this as the principal if not the only source of national fecundity, and lay aside as very secondary agencies the influence of climate, temperature, situation, and the kind of nutriment consumed, provided that nutriment be in sufficient abundance. Moreover, the productiveness of the population of a country ought not always to be calculated by its fecundity, but rather by the conservation of the offspring; because in those countries where local causes of destruction exist, so to speak, as extensive marshes, giving rise to epidemic diseases, or in those where great privations are occasionally experienced; although the fecundity may be at the maximum, the mortality is sufficiently great to reduce the numbers of the population below the average adult produce of other countries.

PATHOLOGY.

On the causes of Hernia in Soldiers.

It has been recently reported to the Academy of Medicine, that hernia has been frequently traced to the practice, existing among infantry soldiers, of firing in triple ranks. Kempfer, surgeon of a Swiss regiment of the Royal Guard, has affirmed that many cases of hernia have been produced by the sudden manner in which the privates are taught to descend on one knee after having discharged their muskets, so that their comrades in the rear may fire over their heads.

SURGERY.

Case of Cancerous induration of the Parotid Gland, in which the Carotid Artery was tied.

The following case was treated by Dr. Fricke, in the Hamburgh Hospital, during the past year.

A smith was admitted into the Hospital with a cancerous swelling of the parotid gland; the disease extended gradually to the soft palate, and placed the poor man in the greatest jeopardy of his life. It was impossible for him to swallow any thing solid, and his only nourishment consisted of a little milk and egg. His speech was converted into an unintelligible babble, and death stared him in the face. To think of removing this mass of diseased structure was out of the question. It struck Dr. Fricke, however, that some good might be done; at any rate, that the man's life might be for a time prolonged by cutting off the supply of blood sent to the tumour. The carotid artery was therefore secured at the lower part of the tumour; the diminution in bulk which succeeded this operation was very considerable. The patient could again swallow solids, and speak in an intelligible manner, and was quite freed from that dreadful anxiety in which he was kept before the artery was tied. Nature seemed to favour the attempts made to relieve the patient, for soon after suppuration took place, and pus was discharged from the swelling in considerable quantity. The case terminated fatally, not from any immediate consequences of the operation, but from the great and long-continued constitutional disturbance occasioned by the disease.*

* Nachricht von dem Gesundheits-Zustande der Hamburgischen Kranken—und Versorgungs-Häuser, und der Stadt Hamburgh. von Dr. Julius.

HYDROCYANIC ACID IN DYSPEPSIA.

To the Editor of THE LANCET.

SIR,—In your last Number, Dr. Granville complains that, in the preceding, the reports of two cases of stomach affections, treated by me with hydrocyanic acid in St. Thomas's Hospital, are prefaced by two incorrect assertions—the one, that hydrocyanic acid "has fallen into disrepute, and indeed almost into disuse, in pectoral diseases;" the other, that I am "the gentleman to whom the profession is indebted for the introduction of the hydrocyanic acid into practice, as a valuable remedy in derangements of the stomach."

With the former I have no concern. Nor have I any great anxiety about the latter. Your reporter has no doubt read upon the subject, and conceives that there are sufficient grounds for his opinion. But, in attempting to refute it, Dr. Granville says, "That a reporter who undertook to speak so decidedly of Dr. Elliotson's priority of application of the hydrocyanic acid in certain cases of dyspepsia, should not have been aware that the claims which that gentleman set up in his pamphlet on that subject had long ago been controverted, and clearly proved to be groundless, by Dr. A. T. Thomson, in the second edition of my treatise on the use of that medicine, (p. 586.) is a circumstance scarcely credible. That contradiction has never, to my knowledge, been refuted by Dr. Elliotson, although Dr. Thomson then called upon him so to do, in the most explicit manner. On that occasion it was shown, that inasmuch as Dr. Elliotson himself had admitted having read my first edition, in which Dr. Thomson had detailed a case of dyspepsia cured by the hydrocyanic acid, given, not in a mistake, as was the case at first with Dr. Elliotson, but on purely scientific and inductive principles, he could not have been ignorant of the effect of that medicine, and of the success with which it had been used by another practitioner, in that class of complaints, long before him."

Now, Sir, IN THE FIRST PLACE, with respect to Dr. A. T. Thomson, there exists *not the slightest proof*, nor the slightest *reason to believe*, that he used the remedy in dyspepsia on "scientific and inductive principles," *nor even that he used it intentionally*. An epidemic catarrh was prevailing at Chelsea, and Dr. Thomson, having heard of Magendie's account of the effects of the acid in pectoral complaints, exhibited it in twenty cases. Among these was a gouty gentleman, who had long been "afflicted with dyspepsia," (not a word more of information is given,) and had a heat of his tongue, "supposed to

urise from acidity of stomach." By *ordinary remedies* and *regimen*, his digestive organs had improved, *and he had become as well as an individual beyond the middle age could* expect to be, except that his tongue remained hot; and he ceased to take medicine. But he was attacked, like his neighbours, with the epidemic catarrh, and for it, to him as well as to his neighbours, Dr. Thomson sent Prussic acid.* The cough abated, and in four days was gone; and with the cough in four days subsided the heat of the tongue.†

Such actually was the *only*, and the *whole of the only*, fact given to the world by Dr. Thomson; so far from his having even "detailed" one case. Not only is there no appearance of intentional treatment of the heat of the tongue by the acid, but *no derangement of the stomach* was remaining when the acid was exhibited: and the heat of the tongue might just as probably have arisen from a local derangement of the membrane of the tongue, that had formerly also pervaded the œsophagus and stomach, producing dyspepsia; for he gives a case of tracheal irritation, where no dyspepsia ever existed, attended by inflammation of the fauces that also yielded to the acid.‡ So little impression did this case make, even upon Dr. Thomson himself, that neither he, nor Dr. Granville, nor any other person, had followed it up and published a single case of dyspepsia treated with the acid, at the time my work appeared;* nor is it likely that we should have heard any thing more of this heat of the tongue, but for the publication of my work.

If such are Dr. Thomson's pretensions to the *merit* of discovery, and that too by *scientific induction*, what will they appear when we reflect that Dr. Brown Langrish stated, eighty years ago,† as mentioned in my pamphlet,‡ that nurses were in the habit of relieving an unquestionably dyspeptic symptom—flatulence, in infants, by putting a laurel leaf into the pap, and that Dr. Granville himself states, that in 1814—*five years before Dr. Thomson's communication*, "Sprengel, in his Pharmacologia, recommended the Prussic acid, free or combined, in *complaints of the stomach, dyspepsia*, hypochondriasis," &c.;§ and, from 1780 to 1796, "Hufeland, Haller, Thuessen, Suediaur, Sprengel, and others, in nervous diseases, vesaniæ, hypochondriasis, *stomach complaints, dyspepsia*, &c."‖

In the second place, with respect to myself, I never arrogated the merit of discovery, but honestly said that I discovered the virtues of the acid in stomach affections by seeing a woman cured of gastrodynia, *not by any direction of mine*, but by Prussic acid ordered for another with pectoral disease, and *served to her in mistake*.¶ This fact I *imitated*, and by patiently following it up, was enabled to present to the profession a body of facts illustrative of the powers of the remedy in various disorders of the stomach; whereas not one had been given by Dr. Thomson, and to point out

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* "I send you the detail of one case only of the catarrhal epidemic to which I have alluded, the practice being very nearly the same in all."—Dr. A. T. Thomson's letter, in Dr. Granville's *Further Observations*, &c. Edit. 1. p. 71.

† "T. R. esq., of a slender form and gouty diathesis, had long been afflicted with dyspepsia, attended with a peculiar hot sensation of the tongue, which was supposed to depend on acidity of the stomach. The remedies he had employed, and the regimen to which he had confined himself for some time past, had materially improved the power of the digestive organs; so much so, that he had declined the further use of medicines, and considered his health as good as it could be expected to be in a person beyond the middle age of life. Notwithstanding this improvement, however, the heat of the tongue still remained; when he was attacked with the epidemic catarrhal cough already mentioned. He took the acid, in doses of two minims, repeated every second hour, and with the cough the heat of the tongue also rapidly abated, and altogether left him in less than four days."—l. c. ed. 1. p. 78, *sq.*

‡ l. c. p. 75.

* *Numerous Cases illustrative of the Efficacy of the Hydrocyanic or Prussic Acid in Affections of the Stomach, with a Report upon its powers in Pectoral Diseases*, &c. 1820.

† *Physical Experiments upon Brutes.*

‡ l. c. p. 1.

§ l. c. edit. 2. p. 124.

‖ l. c. edit. 2. p. 122.

¶ "Two women, each named Ann Lee, were under my care at St. Thomas's Hospital, at the same time, one for an affection of the chest, the other for violent spasms and flatulence of the stomach. Three minims of the hydrocyanic acid three times a day, were prescribed for the former, and, from the identity of the name, her prescription was given in mistake to the latter. The next time I saw the latter Ann Lee, she was perfectly well. She had, however, been subject to the complaint many years, and two months afterwards it returned. Here was a fair opportunity of ascertaining whether her recovery had been effected by the medicine given in mistake. I prescribed it, and she recovered as before."—l. c. p. 3, *sq.*

in what particular cases it would be found beneficial and in what useless. If I have any merit, it is merely that of following up a fact which occurred, not by scientific induction, but, as mentioned at the time, quite independently of me; and whether it is more probable that I followed up a case which occurred under my own eyes and was a manifest derangement of the stomach, or one which occurred to another and was without disturbance of this organ, the world may determine. The truth is as I asserted, and whether I followed up a fact that occurred in St. Thomas's Hospital independently of myself, or a fact that occurred to Dr. Thomson independently of himself, the matter is exactly the same, and I am perfectly indifferent as to which of the two it may be said I followed up.

In my pamphlet I mentioned the chief facts which I could find on record respecting the remedial powers of the acid, and referred them to their authors. I quoted Dr. Thomson's case exactly as it was,—a heat of the tongue cured by the acid.* I did not mention that Sprengel, Hufeland, &c. recommended the remedy in dyspepsia, because I was ignorant of the circumstance, and even at present know it only on the authority of Dr. Granville, who, however, simply by citing them, completely destroyed all his friend Dr. Thomson's pretensions. If these writers merely *recommend* the medicine in stomach affections, I shall, after all, be the first who *employed* it *intentionally* in them. There is scarcely a disease in which the acid, like every energetic agent, has not been *recommended*. To recommend a medicine, requires only an acquaintance with the name of a remedy and the names of diseases. A series of facts only affords knowledge of their powers. I did not notice Dr. Thomson's call, because his claim was perfectly ludicrous; because I had claimed no *merit* of discovery, was conscious of no wrong, and was really very indifferent upon the subject, having published my results, like those respecting antimonial powder, subcarbonate of iron, sulphate of quinina, &c., after long and careful experience had satisfied me of their truth, and made me perfectly easy as to their ultimate acknowledgment by the profession; because, though I knew that the remedy was invaluable in certain varieties of stomach affections, I foresaw that many would laugh at it,† and, therefore, at any contest about it; because I detest controversy, and especially with my own profession, and upon matters of purely a selfish nature; and because the call was made in Dr. Granville's work, in which I was treated in a manner that demanded no other reply than silence,* and so treated on no other account, that I could imagine, than that I had presumed to publish upon the same medicine as himself. For I had never written or spoken a syllable against him in my life, and had plainly related my experience without a single harsh remark upon those whose experience differed from my own.

It is with the deepest regret that I appear so soon again before the public controversially. That I detest controversy, I hope my seven years silence under Dr. Granville's treatment sufficiently proves. But, though I desire to live peaceably with all men, and quietly to pursue my studies, and my public duties, I have thought it impossible to remain silent upon the present, any more than upon a recent, occasion. On both I have acted solely in self-defence, and trust I shall never attack any one: and I am sure, Sir, that you will allow me to take this opportunity of declaring, upon the honour of a gentleman, that, although I will never oppose the reporting any cases of hospitals, or public proceedings of societies, to which I may belong, I have never communicated or written a syllable in your pages, except the three letters relative to the Hunterian Museum.

I have the honour to remain, Sir,
Your obedient humble servant,
JOHN ELLIOTSON.

15, Grafton Street, Bond Street,
Feb. 12, 1827.

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* l. c. p. 22.

† It is not mentioned by the most popular writers upon disorders of the digestive organs; nor is it yet in the London Pharmacopœia.

* I am unwilling to recur to what is unpleasant, and will, therefore, give but one instance in illustration:—

I had playfully remarked, that I had never witnessed the "miraculous" powers of the acid in stopping hæmorrhage. The use of inverted commas Dr. Granville termed "*gratuitous*" and "*malicious*;" "The having given," says he, (l. c. ed. 2. p. 330,) "the air of a quotation to those gratuitous epithets by means of two malicious inverted commas, will scarcely succeed in preventing his readers from considering them as the poetical invention of his brain."

My answer is the following quotation:—
"Elle fut prise d'une hemoptysie tellement abondante, qu' elle fut en peu de temps prête à mourir; les saignées furent employées vainement; alors le docteur Brera prescrivoit, sous la forme de pilules, cent gouttes d'acide prussique à prendre dans l'espace de la nuit, ce qui, selon son expression, arrêta *miraculeusement* l'hemorrhagie. Magendie. *Recherches sur l'emploi de l'acide prussique.* p. 24 *sq.*

THE LANCET.

London, Saturday, February, 24, 1827.

We were somewhat precipitate in congratulating the profession on the absence of distinguished visitors, on the day when Mr. Thomas delivered, at the Royal College of Surgeons, his Cruikshankian Oration. We had flattered ourselves that this disgraceful exhibition had been witnessed only by Members of our own body, and that the profession had fortunately been spared the humiliation of an exposure before strangers; but we have since ascertained that, besides Sir Henry Halford and Dr. Paris, who are too familiar with cases of imbecility in the heads of corporations, to come unprepared for the intellectual banquet of Wednesday week, there were present on this occasion Sir Thomas Lawrence, President of the Royal Academy, Mr. Davies Gilbert, M. P. and Mathematician, Professor Pattison, late of Baltimore, and Dr. Cavadias, a Greek physician from the Ionian Isles.

We can conceive nothing more humiliating to the whole body of the profession; and, when we reflect upon the real source of our disgrace, more insulting to every member of the College, than the delivery of such a farrago as that which Mr. Thomas inflicted upon his auditory, in the presence of scientific men connected with other professions, and, above all, in the presence of intelligent foreigners. We trust Dr. Cavadias was not sufficiently acquainted with the English language, to judge of the matter of the Oration, though the *manner* in which it was delivered could not fail to excite his derision; but what must the American Professor have thought of the orator? What must the American Professor have thought of the intellectual pretensions of our profession, when he saw the whole College of Surgeons assembled to listen with mute, and, for aught he could know to the contrary, respectful attention to the Cruikshankian Oration? It is well known that there is *one* day in the year to which the public attention is invited to a display of oratorical talent, on the part of a chosen member of the College of Surgeons. The orator is appointed many months before the day on which his eloquence is to be displayed; he has, consequently, ample time for preparation; and the subject on which he is to address his auditory, is one pregnant with topics of the deepest interest to a mind at all capable of appreciating the character and discoveries of John Hunter.

Let us for a moment bear these circumstances in mind—let us remember that it is only on a *single* occasion, on *one* day out of the three hundred and sixty-five, that a Member of the Council is called upon to show the public that he is not absolutely destitute of all literary attainments, and that he is capable of addressing the assembled College for the space of one hour on a highly interesting topic, in the language of a gentleman and a scholar; and then let us see how the duty of delivering the Hunterian Oration has been discharged for the last three years.

In the year 1825, Mr. Norris was the orator; and how did Mr. Norris commemorate the researches of Hunter, and the services which that great ornament of our profession has rendered to chirurgical science? Why, by reading an old introductory lecture on Surgery, such as Headington or Brodie would read on the 1st of October.

In the year 1826 Sir Anthony Carlisle was the orator; and how did Sir Anthony Carlisle celebrate the scientific career of Hunter? Why, by reading an essay bearing indubitable marks of originality, on the physical peculiarities and amorous propensities of that beautiful and interesting shellfish, the Oyster. This must seem incredible to all who did not witness that extraordinary display of imbecility, and we feel that we

shall scarcely gain credit for the truth of the assertion among those whose presence at the celebrated *Oysterian Oration* has not already convinced them that the fact we have just stated is as indisputable as it is ludicrous.

In the year 1827, Mr. Thomas was selected as a fit representative of the collective wisdom of the council, and certainly, if we may judge from the Cruikshankian Oration, the choice could not have fallen upon an individual more singularly qualified to sustain the character which his two distinguished predecessors had acquired. How, we must once more inquire, did Mr. Thomas discharge the duty of paying this annual tribute of respect to the memory of Hunter? Why by dwelling, during three-fourths of the time allotted to the delivery of the oration, on the life, character, private habits, demeanour, and temperament of his (Mr. Thomas's) father-in-law, the late Mr. Cruikshank. Nor was this all; for after minutely describing the symptoms of the disease whereof Mr. Cruikshank died,—after giving the details of the post-mortem examination of his body, and exhibiting a preparation to prove that his death was caused by disease in the left hemisphere of the brain, the orator went on to assure the assembly that a *friend* of Mr. Cruickshank died of a similar disease, and actually produced a second preparation to demonstrate the interesting allegation. Fortunately for the great body of the members, all this *twaddle* was delivered in so feeble and drivelling a tone of voice, that it was distinctly audible only to those whose immediate proximity to the orator exposed them to the full influence of the infliction. Some escaped, notwithstanding their proximity: Mr. Keate, for instance, the President of the new club, (the proper name of which we shall soon announce,) who occupied a chair nearly opposite the orator, was asleep in five minutes from the commencement of the oration, and remained wrapped in slumber, accompanied occasionally with a tuneful stertor, to its conclusion. The oration had a precisely similar effect upon poor Rose, to whom repose was the more necessary, as his nerves must have been considerably agitated during the previous week.

Our friend, Mr. Abernethy, is president this year; and his reign began in a way not very favourable to the project, if he should happen to entertain it, of establishing the doctrine of passive obedience. The entrance of Mr. Lawrence was greeted by an enthusiastic burst of applause; a mark of respect, and of public approbation, to which the exertions of that enlightened member of our profession, in the cause of medical reform, justly entitle him. When the applause had, in some degree, subsided, Mr. Abernethy came forward in his official robes, and stated, that "it had been *ordered* (!) by the Board of Curators, that *no* approbation should be expressed in that Theatre." This announcement was received with *applause*; and Sir Astley Cooper, on entering the Theatre, was also welcomed by the same cordial testimonies of approbation, which had greeted the entrance of Mr. Lawrence.

At four o'clock the orator, arrayed in his robes, entered the Theatre, and proceeded to *read* his speech. He began by stating the extreme diffidence he felt in entering upon a subject which had been treated so recently in that place with such pre-eminent ability, alluding, of course, to the Oysterian Oration of last year, and the old introductory lecture of the previous year. It was not his intention, he said, to dwell upon the ancient history of the profession, because that was a subject on which repetition would be unavoidable, and he (the orator) meant to be original. With respect to the individual, who was the more immediate object of the present oration, he (the reader) had been furnished with a letter of recommendation to him on his first arrival in London, and he found Mr. Hunter in the

midst of his vast museum, busily engaged in the dissection of insects. He (the reader) had had personal opportunities of witnessing Mr. HUNTER's practice, having been his dresser at St. George's Hospital; but his attendance at that hospital was unexpectedly cut short, (how interesting to the members of the College!) in consequence of his having been recommended by Mr. HUNTER to Lord MACARTNEY, as a fit person to accompany the embassy to China, in the capacity of Assistant Surgeon. The reader went on to state, that the embassy left England for China in the year of our Lord, 1792; and that, on their return, they fell in with a merchant vessel, from which they learned the melancholy tidings of the sudden death of Mr. HUNTER. The orator stated, that he felt a proud satisfaction in recording the effect produced by this intelligence on plain unlettered seaman in the middle of the Pacific ocean; for, when it was communicated, there was not a dry eye on board LORD MACARTNEY's vessel. Now if the orator be correct in his fact, that there was not a dry eye on board, we cannot help suggesting, that grief at the intelligence of JOHN HUNTER's death, does not seem to afford a very satisfactory explanation of the state of the seamen's optical organs. We should rather be inclined to account for the phenomenon by a more natural, though, certainly, a far less sentimental, hypothesis; by supposing, in short, that if there really were not a dry eye on board when the fatal news was communicated, the seamen must have previously moistened one eye, and, to use a familiar expression, proceeded *to wet the other*. Be that as it may, the orator, having observed that Mr. HUNTER had proved himself a tower of strength to his profession, and that his invaluable collection was, of itself, sufficient to place his name in the list of those eminent characters, over whom time would have no power, hastened to the subject of Mr. CRUIKSHANK; and to Mr. CRUIKSHANK the rest of the oration was, as we have already stated, almost exclusively devoted.

We have adverted on more occasions tha one, to the absurdity of orators drawing their speeches from their breeches pockets *like Crocodiles*—as Tom Moore has it—and reading these to the assembled College. If a surgeon has not the capacity to address the College extemporaneously for the space of an hour, or, at any rate, to commit his composition to memory, he ought not to be permitted to make a public exposure of his imbecility. There is this practical inconvenience attending the present mode of reading the speech, and the time fixed for its delivery, that as the thing delivered is still called an *oration*, and no provision is made for assisting the *vision* of the orator, a ridiculous scene is sure to take place when the light begins to fail. Mr. THOMAS had not proceeded half an hour before he found a difficulty in deciphering his manuscript, he boggled, and blundered, called for a glass of water, looked up to the skylight, and down to the paper, wiped and tried his spectacles; but all would not do, and he was at last obliged to call for candles. Some time elapsed before the candles were forthcoming,—time enough to justify the suspicion that candles formed no part of the College stock, and that a messenger had been dispatched to some neighbouring wax-chandler, in order to relieve the orator from his embarrasment. At length four candles were brought into the theatre, and by their aid he contrived to *read* in a very low, drawling, and inarticulate tone, the remainder of his *speech*.

Some of Mr. THOMAS's observations towards the close of his performance might have excited attention, had it not been for the overwhelming mass of twaddle which preceded them. His advice to physicians to study *anatomy* was peculiarly quaint, and excited the marked attention of SIR HENRY HALFORD. He also made some curious remarks on the want of unanimity and cordi-

ality between the two Colleges; these were uttered in so plaintive and wooing a manner, that one would suppose he is desirous of effecting a matrimonial alliance between the HYDRA of Lincoln's Inn Fields, and the DINGY OLD DAME of *Pall Mall East*; nor was this all, as he threw out a hint of an application to Parliament from the College, with a view to obtain an extension of their power. What could be more modest! But of this we shall speak by and by.

In the comments which we have felt it our duty to offer on the present occasion, we disclaim all desire or intention of conveying any thing in the slightest degree disrespectful to the personal character of Mr. THOMAS, which we believe to be highly estimable. As a Member of the Council, he has been selected to discharge a conspicuous public duty, to which he is evidently incompetent; his incompetency has reflected a portion of disgrace on every member of the profession, and he must be content, therefore, to abide by his portion of the ridicule, to which his claims are as indisputable as the drivellers who preceded him.

We have already devoted too much of our time and space to this scandalous exhibition, and to Mr. THOMAS, therefore, as an individual, we shall say no more, but at once proceed to notice the labours and schemes of the COUNCIL. And, first, of the alterations in the Theatre, and the mode of admission. The whole of the benches have been newly covered, and two rows of seats have been erected on the floor behind the upper partition, the place which some dignify with the title of gallery. One row of seats has been taken from the *lower* division, and added to that portion formerly allotted to MEMBERS, and immediately under where this word used to be inscribed, that is, between the *lower rail* and one of the side doors a few feet from it, *another door* has been opened immediately in a line with the passages and entrance hall of the College on the *left* side; but to avoid any confusion or mistake on this point, let us observe, that the *Museum* is opposite the *right hand* front entrance, and if we carry this mark of distinction into the theatre, the door towards the Museum immediately on the right of the orator, will be understood as the *right* door, and its antagonist of course the *left*. Now, as we have already stated, the *new door* is situated directly under where MEMBERS used to be painted, on the *left* side; consequently it is about ten feet behind the door on the left of the orator, that door through which the President, Council, Visitors, and *London* Hospital Surgeons used to enter the theatre: and now mark the effects of the alteration; mark the feelings of the council towards the Members; that door through which the President and council passed before the alteration, was not used by them on Wednesday week—No; and why not? Because the Members, for the greater part general practitioners and accoucheurs, had to pass within about four feet of it, before they could gain the still posterior entrance; —yes,—because the great body of the Members, insulted, vilified Members, those "draff," as the council call them, the general practitioners, filthy drug-mixing, pestle-and-mortar men, had so fouled the passage on that side by their presence; had rendered so filthy and so degraded that door from having passed within a few feet of it, that the President, council, visitors, and those signally scientific gentlemen, the *London* Hospital surgeons, to mark their abhorence of the mean practices and unequalled ignorance of the *inferior* tribes of the profession, could no longer approach those portals which had been contaminated and poisoned by their obnoxious presence. Hence, as befitted their superior talents and princely dignity, they ascended the grand staircase, traversed the Library and Museum, and after following in the train of their President throughout the almost endless evolutions of a most peculiar "serpentine

course," hitherto unexplored, they reached, UNPOLLUTED, the right hand door of the theatre. What now becomes of the assertions of the College reptiles "that the entrance from Portugal Street was a matter of *necessity?*" "that the council are desirous of showing the Members the most respectful attention?" "that they have ever consulted their convenience, their feelings, and their interests?" why, they must be viewed by every sensible mind, as the foulest of lies, and promulgated for the basest of purposes. We are aware of the nature of the school in which the council of the College have been educated; we are aware of the involuntary manner in which prejudices arise in the human mind: we are aware of their tenacity when once established; we are aware of the increase of their influence with increase of years: fully conscious of this as we are, and ascribing it rather to an imperfection of nature, than to a fault of the men, we have been, upon all occasions, anxious to attribute the subjects of complaint, which have occurred in the government of our College, to the inevitable effects of a mischievous and unjust law, rather than to a want of integrity on the part of those who, unfortunately for the profession and the public, have been selected to execute its obnoxious provisions. With this feeling always operating on our parts, we have been, from time to time, compelled to notice acts, of which the Council and Court of Examiners have been the authors, that neither octogenarian senility nor *scholastic* prejudices can excuse. The alterations are evidence of a something much more reprehensible than the weakness of age, or the emblems of involuntary prejudice. Why the Council of the College should always have manifested so much dislike and disrespect towards their brethren, it is not easy to conceive; unless it can be explained by the fact that the CHARTER places their interests in direct opposition. They have the power to levy annual fines; and, monstrous to relate, are not accountable for the monies they receive; in fact, are, to all intents and purposes, as the law stands—irresponsible. We have thought it our duty to record the above facts; and we have deemed it no less a duty, to offer some comments upon them; besides, it should be known to the Legislature, particularly at this time, that it is the practice and the object of the College to degrade, certainly not to elevate, the character of the profession. Had the proceedings of the College been altogether of a different nature than those presented to us of late years,—had their conduct been characterised by distinguished liberality,—had their by-laws and regulations been in the slightest degree calculated to promote "sound chirurgical knowledge,"—had their intercourse with the Members been invariably marked by the exercise of good taste,—had they stretched forth a friendly hand to the talented, and assisted, on all occasions, in removing fetters from the aspirations of genius, still, still it would be our duty to demand, with unceasing voice, an alteration in the CHARTER. Although these men *might* have done these things, yet it is well-known that their undeviating practice has been the converse, a knowledge of which will bring over to our cause those persons who will use every effort to rid themselves of an existing evil, but who have not the foresight to discover, that because a defective ill-modelled law is not the cause of mischief, that it might not. A Charter conferring great discretionary power, might, indeed, be the instrument of no wrong in the hands of benevolent men, but *benevolence*, we fear, would prove a poor security to the governed, if opposed by self-interest. Hence, as reflecting and calculating men, we require SECURITY FOR THE FUTURE;—we seek to be no longer at the mercy of our benevolent Council;—we wish to have our rights established upon a firm basis, and our privileges secured by law;—we are anxious to be

emancipated from a subjection to an irresponsible government;—a government founded, we firmly believe, on principles more decidedly pernicious and obnoxious to those whom it affects to benefit, than any other in the world; and yet it seems that these men, possessing this unconstitutional, this unparelleled power, are about to apply to the Legislature for an EXTENSION *of that power.*

Mr. Thomas, near the conclusion of his address, without doubt in consequence of orders, threw out a hint that it would be an advantage to the profession if the powers of the College could be enlarged, and that it would be well to apply to the Legislature for that purpose. Let the Surgical Reformers look upon this suggestion as the first sign, not of a weak, but a cunning "invention of the enemy;" it is evidently their object to CONFOUND Parliament by their application, that they may be enabled to retain the unjust power already at their disposal; they imagine, probably, that by presenting a petition to the House "for an extension of their powers," at the time that we petition for the "destruction" of their powers, that one petition will neutralize the other, and both be *precipitated*; but in this expectation they will most assuredly be deceived; our case is too just, too deeply rooted, and its merits are too well known, to admit of so easy a defeat; but their scheme nevertheless is not without its merit, although it exhibits more of chicane than of honesty; let them recollect the precious thrashing they received from a late Lord Chancellor of England, in 1797, when they applied to Parliament for the Bill which they now hold in the form of a CHARTER, which Bill passed the House of Commons, and had received two readings in the House of Lords, before its *merits* had been investigated and discussed—yes—the College, without consulting the profession, applied to Parliament in the above year; again in 1800, 1816, and in 1822; and that act of injustice and contumacy it appears they are about to repeat. Should they apply, we hope and expect their castigation in the House will be as severe as that which has been inflicted out of it, and which will not be too severe for their deserts. In consequence of the opposition of Lord Thurlow to the Bill in 1797, it was thrown out; but, three years subsequently they succeeded in obtaining from the Crown their present Charter, which contains, with only one or two exceptions, the infamous provisions, so justly denounced by his Lordship. Lord Thurlow was a man of the most splendid talents, and of the most inflexible integrity,—his decisions as Chancellor are regarded with the most profound respect, and his memory as a statesman highly venerated by the ablest of our Judges, and the wisest of our senators of the present day. We will here present the reader with his Lordship's speech; but first shall insert the note of our correspondent who has favoured us with it, and for which mark of attention to ourselves, and manifestation of zeal in the cause of Surgical Reform, we take this opportunity of publicly returning him our thanks.

To the Editor of THE LANCET.

SIR,—Inclosed I send you the Speech of Lord Chancellor THURLOW,* in the House of Lords, on the third reading of the Surgeons' Bill, in 1797; and as the observations of his Lordship are peculiarly applicable to the complaints now about to be presented to Parliament by the general body of Surgeons, you will oblige me, and several other members who wish well to the cause, by publishing it in THE LANCET.

It will be perceived, in the course of the Noble Lord's speech, that the enactments of the bill attempted to be introduced by a few individuals, and opposed by the general body of Surgeons, were precisely the same as those subsequently conceded to them by the Charter. Why this Charter was granted in opposition to the opinion of Parliament (for it is scarcely necessary to say the bill was thrown out) cannot fail to excite the surprise of every man. The applicants were told to amend their bill, and

* From the Parliamentary Reports.

apply again; they did *not* apply again, for a very good reason—a fair bill was not the thing *they* wanted; it would not answer *their* purpose; but after suffering the business to cool, and the French war having caused a great demand for Surgeons, they contrived to cajole his Majesty's Ministers into a belief, that there existed no legally constituted tribunal to examine and provide efficient Surgeons for the army and navy, and thus obtained from the Crown, at a time when the attention of Ministers was diverted to other important objects, that which Parliament in its wisdom had refused.

I am, Sir, your most obedient
humble Servant,

Cannon-street, R. PRICE.
17th February 1827.

HOUSE OF LORDS.

MONDAY, JULY 17, 1797.

"THE order of the day for the third reading of the Surgeons' Bill being read,

"Lord THURLOW rose to give his dissent to it. His Lordship said, there never, he believed, had been a case in which so strong a disposition to take Parliament by surprise had been shown; a matter that, at all times, ought to be regarded as a reasonable ground of jealousy and suspicion, and entitled the promoters of the bill to no small degree of disapprobation. The bill had passed the other House, and gone through two stages in their Lordships' House, before it challenged much observation; his first acquaintance with the business was purely accidental, and arose from the circumstance of his having heard that the Corporation of Surgeons had purchased a large house in Lincoln's-Inn-Fields for the purpose of dissection, to which they were about to remove from the Old Bailey, and was complained of by the very respectable inhabitants as a great nuisance. He objected to the bill's passing in its present form, because there had not been any reasonable opportunity of discussing it. It had been boasted of by some of those noble lords who supported the bill, that it had the singular honour to pass through three committees; he knew it had, somehow or other, *rubbed* through three committees, without the object of it being at all known to the persons who were interested in opposing it; and he found it was altogether a shift and contrivance, for it had come into a committee of that House, and when those who brought it in had found themselves opposed, they hesitated, paused, and retracted; and at last brought in a clause, which, like the postscript of a lady's letter, was much longer than the whole bill itself. His Lordship could not say what passed at all those committees, not being present at each; but, in the committee he did attend, he heard a single witness examined, Mr. Okey Belfour; and *he* deposed that since the year 1745, (when the act of the 18 Geo. II. passed,) London had increased in extent and population, and that a great number of houses had been built! He was also astonished to find some noble lords deeply engaged in profound disquisitions of rather an extraordinary sort, considering the subject before the committee. He even heard mention made of aristocracy, democracy, oligarchy, and all the learned terms of speculative policy; and the opposers of the bill were stigmatised as jacobins. For his own part, he did not consider aristocracy as the best possible form of government; but he was rather more inclined towards it, and thought it better than democracy or oligarchy. With respect to the new-classed jacobins, as they were termed on this occasion, who came forward to resist the tyranny of the few who wanted to get all the power into their own hands, they deserved some mercy. It was the cry to excite alarm, just like children in the street, crying out "a mad dog," when they wish to raise a panic, or frighten passengers. For his own part, he did not like jacobinism; but he saw no reason why people should be called jacobins, who merely wish to protect their property, and to guard themselves against measures which they deemed to be

injurious. The present bill, in his opinion, was a most wretched performance, in which the arrogance of the provisions maintained an equal contest with their absurdity. He assured their Lordships that he had no connexions with the parties on either side, and did not care three farthings, as far as respect to them went, whether the bill passed or not. He looked to the bill merely with a view to the public; and as it was essentially connected with the health and well-being of mankind, considerations well worthy the serious attention of every one of their Lordships. The Corporation of Surgeons, his Lordship said, was a Livery Company within, and belonging to the jurisdiction of, the city of London; but now it was proposed to erect them into a college, with all the high-sounding titles of President, Vice-President, Censors, Fellows, &c. They were clearly a corporate company, and a part of the city of London, though the contrary had been asserted; but no barrister of three years standing, could have been so ignorant as to have said so.

The absurdities and contradictions of this wretched bill were so obvious that several noble Lords had tried in the committee to offer means of amelioration. Various regulations and amendments had been suggested, and it was understood at the time they were to be adopted and inserted; but, nevertheless, they were not to be found in the bill. Several of the by-laws of the company appeared most absurd. By one (fortified too by strong penalties,) no member was to attempt to practise pharmacy, midwifery, nor any thing of this kind. All who thought proper to defile themselves with touching medicines were to be excluded from being examiners, or from office or rank in the College; and yet the persons who brought in this bill applied to Parliament to enact them into a College of Examiners, and in these examinations they were to pass or reject not only practitioners in pharmacy for the British dominions, but all the surgeons, both of the army and navy, who must also understand pharmacy as well as surgery, and to whose care the brave defenders of the country, in both departments, were to be intrusted; for what sort of surgeon for either the army or navy, would that man prove who was unacquainted with pharmacy? Why pharmacy was not to be practised by a surgeon who was to be an examiner, was to him a most unaccountable objection. These assuming examiners disdained the idea of dealing in a knowledge of drugs and medicines, and yet they had the presumption to set themselves up as arbiters of the practice of those who were obliged to take into their account the safety of thousands of the most useful men in the community, both pharmacy and surgery. They were to examine and pass judgment upon the knowledge of others in pharmacy, which they had themselves branded with the idea of being below the dignity and knowledge of a surgeon, and to which, therefore, as surgeons, they disdained to pay attention. For his part, he could wish, and be happy to move, that those who had the honour of taking care of the poor soldiers and sailors who fought the battles of their country, should not be thrown on this presumptuous body, and be obliged to pay them about thirty pounds additional for the liberty of practising, as a mark of honour and merit, and that Parliament would take them into consideration, and suitably reward them. A man who ventured to exercise any of these proscribed branches of their science or art, was rendered incapable of being promoted to any rank in the College. What was still more absurd, these examiners also were to examine medicine chests, and yet they were not to touch *medicine*, or know any thing about it. In short, he did not know what they were to do fit to qualify them for their office. They professed the healing art, whilst they rejected the very means by which health was to be restored. Their Lordships, indeed, who lived in affluence, might,

when indisposed, well afford to have their physician, surgeon, and apothecary distinctly attending them, and administering their respective assistance; but to feel the injurious effect of such absurd regulations, their Lordships must look a great deal lower than themselves. Let them consider the situation of the middle ranks and the poor. How could they ensure an alleviation of their sufferings, if such regulations were to be enforced?

"On what ground of reasonable justice also was it, that the bill gave to the small number of Members of the College mentioned in it, (with the election of others, to be *chosen by themselves*,) sovereign right of the supervisal, control, regulation, and management of all the concerns of the company, and power to alienate its property, funds, cash, &c., without any check whatever, to guard against abuses to which the possession of such immense uncontrolled power held out temptations almost too strong for the fallibility of human nature to resist?

The clause of the bill, extending the jurisdiction of the College of Surgeons to "ten miles distant from London and Westminster," and enacting, that whoever should practise surgery by *word*, *sign*, or *writing*, without a diploma of the College, should forfeit and pay to the College ten pounds for every month that he or they should so practise, was a most iniquitous, merciless, and oppressive clause. In the first place, the words "who practise surgery," were most indefinite and inexplicit, calculated to warrant as many litigations as the malice of the College might be prompted to select and institute. What was surgery? It would, he believed, puzzle any man who wished to be understood, and was able to convey clear ideas, to say distinctly what it was. In the next place, he supposed practising by *word*, meant by *incantation*, (vide 3 Hen. VIII. cap. 2,) a pretty extraordinary species of practice to be alluded to in these enlightened times. But exclusive of the enormous and unreasonable expense of purchasing diplomas, &c. and the money it would produce, which would be twice or thrice, nay, would be quadruple beyond what the reasonable purposes of the institution could positively require, besides those innumerable penalties and costs given to this opulent and select corporation. To all these points he should move specific amendments. Besides these, the provisions of the bill went to vest the funds of the Company in a committee of twenty-one persons. The parties opposing the bill, had, therefore, an obvious right to oppose it; and he was convinced that the House never would transfer (to use no harsher term) the property of men without their consent. Upon the whole, he wished this bill to be put off to another session, to afford an opportunity of reforming its objectionable parts. He saw no inconvenience attending this delay, which would equal the inconvenience of such a bill were it to pass.

With regard to the fact of the Company of Surgeons having disposed of their Hall, and bought at a high price a house in Lincoln's Inn Fields for the purpose of dissection, it was indisputable; an object which, however, had been defeated by the remonstrance of a most respectable inhabitancy. If this Corporation was not so favourite a body, he had no doubt but their Lordships would agree with him, that they acted most improperly, and they ought to be sent back with their nuisance to the place from whence they came. With this view, he had moved in the Committee, that they should be obliged to procure a place for the purpose of *public* dissection within 100 yards of the ordinary public place of execution for the cities of London and Westminster.

His Lordship repeated, that upon a full consideration of the bill, it was so wretched a performance, so contradictory to its principle (or at least what it avowed to be its principle,) in its clauses; the provisions of

it so little accorded with the preamble, and, in short, the whole of the bill was such a jumble of absurdities, that he could only consider it a farce, a downright farce, not fit to go forth to the world as a performance sanctioned and approved by so grave an assembly as that he was then addressing; he therefore conjured their Lordships as gentlemen, as well as peers, to ask themselves seriously, whether it would not be more advisable to postpone passing any bill on the subject that session, but defer it till the whole matter of it could be better digested, and till a bill more free from objection, less oppressive, and more practicable, as well as more useful, to the health and well-being of mankind, could be introduced.

"But it was said great expense had been incurred by the Corporation in prosecuting this bill; and yet, when an argument was used in the committee by his noble friend not then present, (the Duke of Bedford,) with respect to introducing a clause to exonerate the petitioners against the bill for the expense they had been at in their opposition to the bill, what was the reason given by one of the warmest advocates for the bill, and one of its most earnest supporters? "That's their object, give them fifty pounds, and you'll hear no more of their opposition. Admit such a clause, and it will encourage opposition." Encourage opposition! Would their Lordships, then, discourage opposition, and drive from their bar men who came to claim their protection against a bill that was to take away their property, and annihilate them at a single stroke? To parties opposing a bill, who were men of honest fame and high professional reputation, and who had an obvious right to oppose it because their prospects, their freedom, and their dearest interests were involved in it? No man but the answerer would have thought of applying such an observation. To talk of the expense that an opulent corporation would sustain, and would have to incur if the bill did not pass, that they were obliged either to come again to Parliament, or apply to the Crown for a patent to revive their functions, was too idle and ridiculous to deserve a serious argument.

"In opposing the bill, his Lordship again assured the House that he had no other object than the public good. Nothing else should have induced him to have come down to the House on that miserably hot day, oppressed as he was with heat, and the raging of the dog-star, to spend his breath, had not this bill, disgusted him; and therefore, for the reasons he had stated, he should conclude by moving, 'That this bill be read a third time that day three months.'" Which motion was carried in the affirmative, and the bill, therefore, lost.

In this excellent address, we observe the sound and conclusive reasoning of a profound legislator, and the just indignation of an honest man. The objections of his Lordship to the Surgeons' Bill are unrefuted and unrefutable. Hence, if it can be shown that the existing Charter is the substance, or the counterpart of that Bill, it follows that the arguments of Lord Thurlow apply with equal propriety to the Charter of 1827, as to the intended Act of 1797. If the *identity*, therefore, of the two measures can be proved, it must obviously throw into our scale the entire weight of his Lordship's powerful and influential opinions; and identity can be incontrovertibly established, by comparing the most prominent clauses of the two enactments. The present Charter places the entire government of the College, and the funds of the Members, at the disposal of twenty-one men, called the Council, who elect each other; in the conduct of which the Members at large possess not the slightest influence, and are never consulted. This unconstitutional privilege was claimed by the College in their Bill, of which his Lordship thus speaks: "On what ground

of reasonable justice was it, that the Bill gave to the small number of Members of the College (and the election of others to be chosen by themselves) sovereign right of supervisal, control, regulation, and management of all concerns of the company, and power to alienate its property and funds, without any check whatever to guard against abuses, to which the possession of such immense uncontrolled power held out temptations almost too strong for the fallibility of human nature to resist." His Lordship, in another place, says, "Besides, the provisions of the Bill go to vest the funds of the Company in a committee of twenty persons. The parties opposing the Bill, had, therefore, an obvious right to oppose it, and he was convinced that the House never would transfer (to use no harsher term) the property of men without their consent." Again, "would their Lordships, then, discourage opposition, and drive from their bar men who came to claim their protection against a bill that was to take away their property, and annihilate them at a single stroke? Men of honest fame and high professional reputation, and who had an obvious right to oppose it, because their prospects, their freedom, and their dearest interests were involved in it." This is powerful and impressive language; and it paints, in appropriate colours, the unjust and detestable demands of the College. In PRINCIPLE, then, there is not the slightest difference between the Bill so severely reprobated by Lord THURLOW, and the existing Charter. Some of the clauses of the former, are, indeed, omitted in the latter; but the Council, true to their task, and resolved at all hazards to persevere in their iniquitous course, have supplied these deficiences by means of by-laws, which fully retain the spirit of their original bill. By that instrument, as Lord THURLOW sarcastically observes, "no member was to practise pharmacy, midwifery, nor anything of this kind. All who thought proper to defile themselves with medicine were to beexcluded from being Examiners, or from office or rank in the College; yet these Examiners were to pass or reject not only practitioners in pharmacy for the British dominions, but all the surgeons, both of the army and navy; and those who ventured to exercise any of these proscribed branches of their science or art, were rendered incapable of being promoted to any rank in the College." In the Charter, the College thought it prudent not to notice this invidious distinction, lest it might excite the ire of another THURLOW;—but mark one of their by-laws:—

"ELECTION AND ADMISSION OF MEMBERS OF THE COUNCIL.

"Every person practising as an apothecary, or as a man-midwife, shall be ineligible to be a Member of this Court."

Now, as all the officers of the College must, in conformity with the Charter, be selected from the Council, it follows that no surgeon who practises pharmacy or midwifery can hold any, even the lowest office in the College; yet the Charter requires that they shall examine all surgeons for the army and navy; and Lord THURLOW might well ask, "what sort of surgeon, for either the army or navy, would that man prove, who was unacquainted with pharmacy? And why pharmacy was not to be practised by an Examiner, was to him a most unaccountable objection! They profess the healing art, whilst they rejected the very means by which health was to be restored." The claims of the Council to this blighting, bitter, sarcasm and ridicule, are indisputable; but as they have sufficient talent to be *pure* surgeons, so we hope they have enough of integrity to profit by Lord THURLOW's moral prescription. In conclusion, it is almost unnecessary to repeat that the bill of 1797, and the existing Charter, are one and the same instrument, and that in virtue of its authority, a self-elected junta, consisting of twenty-one individuals, are empowered to tyrannize over thousands of

their professional brethren; can levy fines without rendering any account of their appropriation; can frame monopolising and injurious by-laws without consulting the wishes of the profession, and can persist in a system of favoritism, as repugnant to honesty as it is injurious to science and the best interests of society, without incurring the slightest degree of responsibility; the results of their impolitic and infamous Charter.

The Petition of the surgeons of Bristol praying for a reformation in the government of the Royal College of Surgeons, was presented to the House of Commons on Monday last, by Mr. Hart Davis. It was received without opposition, and ordered to be *printed*.

ROYAL INFIRMARY.

Employment of the Native Oil of Laurel in some Nervous Affections. Case of supposed Suicide by Poison.

The writer is not aware whether The Lancet has put on record the natural history and medicinal effects of the "native oil of laurel," or whether any instances of its inefficacy or success as a therapeutic agent have as yet been reported; under this impression, he has merely to state that this new candidate for a paragraph in the next edition of Dr. Duncan's Dispensatory has been lately administered in the clinical wards of the Royal Infirmary in three cases,—slight paralysis of the hands, sciatica, and insensibility of the skin over various parts of the body—but without producing any apparent effects on these diseases, or indeed on the constitution of the persons to whom it was given, though taken in the dose of from fifteen to twenty drops three times a-day, and its use continued for a considerable period. This essential oil, noticed by Humbolt, is obtained in a perfectly pure state, and in large quantities, from the ligneous cells of a species of laurel which grows on the banks of some of the South American rivers to the height of a hundred feet, and is to be carefully distinguished from the hydrocyanic acid, or water of the common laurel, with which it might, from the name, be possibly and fatally confounded. It was supplied, and its use suggested, to Dr. Home, by a medical gentleman lately returned from Demerara, who, it appears, spoke of it in terms of commendation. It deserves a further trial, and may perhaps be found useful. The oil of turpentine had slumbered many years amongst the articles of the Materia Medica, before the circumstances and dose in which that drug is really effective were discovered by accident and empiricism.

About a quarter past twelve o'clock on Wednesday last, an unfortunate female was brought into this Hospital in a state of insensibility, supposed to have been produced by taking poison. The doctors were going their diurnal rounds in the surgical wards at the time, when Dr. William Cullen, (who has come by an appointment in the establishment in consequence of the death of the late Mr. Allan,) entered and informed his colleagues that their presence and the stomach pump were required in another part of the house. Though the intelligence was communicated in a confidential suspiration, the name of the instrument, coupled with the official tumult of the herald's features, was immediately construed into an operation by the multitude, who now literally precipitated themselves down the "broadest stairs" in the world, but which were not half wide enough seemingly to accommodate such a furious descent. On entering the apartment where the subject of all this idle curiosity lay, the writer found her stowed up in a closet, her extremities cold, pulse barely perceptible, gasping at intervals, her arms and face livid, and not merely surrounded in this condition by spectators, but absolutely buried beneath their pressure. With the intention of receiving a little better supply of air and elbow-room during the process of resuscitation, she was extricated out of this labyrinth, and placed in the centre of the ward; but all to no purpose, her bed being invisible in one moment, so that Æolus himself could not force a blast, or Lynceus shoot a glance through the density of the crowd. The tube of the instrument was however introduced, and the pumping, without any other collateral agency being employed, continued for half an hour, by which a considerable portion of fluid was removed from the stomach, having a strong odour of whiskey. The exertions to restore her having produced no salutary effect, and every sign of animation having vanished, she was left to her fate, at a moment when cases apparently as hopeless have frequently become the subjects of successful experiment. Not to notice the inconvenience which an operator, impacted in this manner amongst a crowd, must experience, (and Dr. Ballingal evinced a degree of passive forbearance with the

inquisitive rudeness of his pupils, which, though creditable to him, was certainly misplaced,) is it decent—humane—becoming the character of students, thus to impede, by an unprofitable gratification, the possible recovery of a fellow-creature? The writer has no hesitation in declaring, that were this case recoverable by art, its best-directed efforts would have been frustrated by the conduct observed on the occasion. That the opportunities of Hospitals should be rendered rationally available to the acquisition of professional knowledge, he is willing to admit; but when the original purpose of these institutions is violated in making them subsidiary to tuition, they become mere laboratories for experimenting on human flesh, and the hands of Charity are stained with that blood which she wept to preserve. The head, chest, and abdominal contents of the body were superficially examined on the following day, but no morbid appearances sufficient to account for death could be detected, except two spots of effused blood on the submucous tissue of the stomach, which to every one present, saving Dr. Campbell the demonstrator on the occasion, seemed to have been caused by the action of the pump-tube on that viscus. The fluid obtained from the stomach was ordered to the professor of Toxicology, but there is some apprehension of its being spilled on the way, as no analysis has yet been presented.

N. B. The *Thesis* market has just commenced. Prime quality, or "originals," warranted free from grammatical blight, two-and-sixpence *per* theme. Second-best, "Dedications" included, or mixed samples made up of extracts, one-and-sixpence *per* octavo sheet. Third ditto, or rescripts of old copies remodelled so as to secure the purchaser against the detection of plagiarism, one shilling each.

A. Duncan, Jun., Registrar of the Diplomatic Mart.

Edinburgh, Feb. 17, 1827.

O ye Johnsons, Coplands, and Macleods! look here, and see to what a pass the respectability of medicine has been brought, when such a farce is permitted to exist—when such tests of qualification as these are imposed on the public—when such a system of examination is tolerated in an University! How profitably have you spent your lives—how honourably have you discharged the duties of censors—how efficiently have you worked the great engine of the press—when at the close of your career, a two-and-sixpenny tract forms the most important item in the credentials of a graduate, and not so much as one leaf to be found in all your labours to testify that at least you held such an anomaly in contempt!

Scotus.

ST. THOMAS'S HOSPITAL.

COMPRESSION OF THE SPINAL MARROW FROM DISPLACEMENT OF THE VERTEBRÆ, CONSEQUENT UPON INJURY.

Operation of removing the Arch and Spinous Process of the Twelfth Dorsal Vertebra, by Mr. Tyrrell.

An unusual degree of interest has been excited at this Hospital by the case which we are now about to relate:—

Timothy Mahony, an Irish labourer, apparently about 30 years of age, was admitted into the Hospital on the noon of February 5, on account of severe injury to the spine. The accident occurred on the morning of the patient's admission; he was employed with some fellow-labourers in moving a large piece of timber, (supposed to weigh upwards of two tons,) when, by some mischance, it slipped, and, falling, struck the poor man on his back.

There was complete paralysis of the lower extremities, and, on examining the spine, there was found to be considerable effusion into the soft parts about the lower dorsal vertebræ. And on tracing the spinous processes accurately, that of the last dorsal vertebra was found to recede, whilst the spine of the first lumbar appeared to project far beyond its natural level. There was not, however, any crepitus to be distinguished. The only treatment had recourse to was the occasional introduction of the catheter, the bladder being paralysed.

On the following morning (Feb. 6) Mr. Tyrrell having consulted with his colleague Mr. J. H. Green, it was determined to perform an operation, for the purpose of removing the depressed bone; and the patient having assented, it was accomplished in the following manner:—The patient was placed on his face, with his spine bent a little forwards; and Mr. Tyrrell then made an incision of about five inches in length through the integuments, directly over the spinous processes of the vertebræ. The seat of the displacement nearly formed the centre of the incision. The operation was continued by cutting away the attachments of the muscles on each side, the integuments being held back by means of a piece of flat iron, bent. In this manner the spines and arches of the two last dorsal and first lumbar vertebræ were at length laid bare. A chain saw was now employed for the removal of the spine of the last dorsal vertebra at its base, and this was accomplished without much difficulty. The saw called Hey's was applied on each side of the arch, and it was then removed by a pair of forceps. The arch was felt to be materially pressing on the spinal marrow. In fact, the last dorsal

vertebra was so much thrown forward that its spinous process was anterior to the arch of the adjoining lumbar vertebra; that is to say, to the posterior rim of the arch.

There was no extravasation of blood on the theca vertebralis, and Mr. Tyrrell passed a probe both upwards and downwards in the vertebral canal, without meeting any obstruction. The wound was dressed simply, and the patient was put to bed, being placed with his face downwards. The operation lasted upwards of three quarters of an hour, and was performed at eleven o'clock, (a. m.)

At 2 (p. m.) we visited the patient; he was at this time very earnest in his intreaties to be moved—complaining more of the uneasy position in which he was placed than of the injury to the back. The pulse was full, and the surface of the body was warm. Previous to the operation, sensation only existed at the upper part of the nates; drawing a line transversely from the trochanter major, there was no sensation below this point. But after the operation, feeling had returned imperfectly in the upper two thirds of the thigh.

In the evening, the patient was shifted to another bed, but the same position was observed. The dresser attempted to pass the catheter but failed in doing so; the urine had been drawn off a short time before the operation.

7. Mr. Tyrrel introduced the elastic gum catheter this morning, and drew off about three pints of high-coloured urine.—The catheter retained in the bladder. The same paralysed condition of the lower extremities exists. The integuments on the back of the thigh to a short distance below the nates possessed the power of feeling, but in an imperfect manner. The patient obtained some sleep during the night, and he does not complain of pain; the pulse is rather quickened, the bowels have not been moved since the occurrence of the accident.

Ordered—an injection of warm barley-water, with half an ounce of castor oil, and to be repeated if necessary.

8. Noon.—The urine drawn off this morning not so high coloured as that of yesterday, the pulse 110, and moderate in volume, the tongue is slightly furred. The patient is thirsty, and he complains of pain in the head: he obtained some comfortable sleep in the night, his bowels have not yet been relieved. Mr. Tyrrell considers there is less extent of sensibility in the thigh than yesterday.

Ordered—a colocynth enema, to be administered immediately.

In the evening, ordered to take two drachms of Epsom salts, in peppermint water, every three hours.

The wound in the back was dressed this morning, it presents a sloughy surface, and there was on removing the dressings, a considerable discharge of a brownish coloured matter. Mr. Tyrrell, however, considers the wound, upon the whole, to have a favourable appearance. Strapping was applied over it, moderately tight.

The pulse is much the same as yesterday, the bowels are now much relaxed, and the evacuations are passed unconsciously. The paralysis of the lower limbs continues, they are, however, of their natural warmth, and there is an occasional sense of formication about the feet.

10. The pulse this morning under 80, and feeble in its beat. The urine drawn off last night was turbid, and had an ammoniacal smell. The bladder was injected with tepid water this morning. Allowed to take some meat, with a little porter.

11. No material alteration; the pulse has rather more tone than yesterday, and the patient complains of pain in his head. He was placed on his back last evening, and took twenty drops of laudanum at bed-time. The wound is dressed night and morning.

12. The poor man is evidently much worse; we find him moaning occasionally, and complaining of pain in the right hypochondriac region; which pain, he says, extends to the back, more especially in respiration. He will not permit pressure to be made at this part; stating, that it is not tender externally, but that the pressure aggravates the pain felt on breathing. On passing the hand lightly over the abdomen, it appears somewhat tumid; but it is not tense, or tender. The pulse is small, quickened, and has some degree of jerk in its beat; the tongue is covered with a white fur, and the patient complains of thirst. The urine has an exceedingly offensive odour, and deposits a whitish sediment; the bladder is still injected with warm water, from time to time. The sense of pricking, occasionally experienced in the feet during the last three days, has not been felt to-day.

13. Noon. The patient now manifests every symptom of inflammation of the pleura; his respiration is frequent and short; an attempt to extend the period of inspiration induces sharp pain between the fifth and sixth ribs. There is frequent and troublesome cough; the pulse is upwards of 120, and the countenance anxious. The abdomen is tumid; the bowels still continue in a relaxed state; the motions passing frequently and unconsciously.

Mr. Tyrrell had abstracted about eight ounces of blood from the arm, which, it is said, afforded temporary relief to the patient; but, at the time we saw him, he was precisely in the condition related above. Twelve leeches were applied to the right hypochondriac region after the bloodletting, and a dose of calomel and opium was adminis-

tered; a demulcent mixture was also prescribed, in order to allay the tickling cough.

In the evening, the patient was again bled from the arm; and three grains of calomel, with two of opium, were afterwards given. Mr. Tyrrell prescribed two grains of calomel, and half a grain of opium, to be taken every four hours. During the night, the dresser in attendance on the case, thought proper to abstract a further quantity of blood from the arm. The poor man, however, gradually got worse, and expired at about half past four, a. m., being the eighth day from the receipt of the accident. The body was not examined.

On the 17th of October, 1822, Mr. Tyrrell performed the operation of removing the arch and spine of one of the dorsal vertebræ, in a case of fracture, with depression of bone. The case proved fatal, from disease of the bladder, which occurred as a consequence of the injury done to the spinal marrow. It is curious enough, that inflammation of the lining membrane of the bladder should almost always follow injuries done to the spine.

INJURY TO THE SPINAL COLUMN.

T. S., ætat. 24, a stout muscular man, was brought to the Hospital on Monday afternoon, Feb. 5th, and was placed in Isaac's Ward, under the care of Mr. Tyrrell. The patient had received severe injury on the morning of the previous day, when being engaged in some drunken affray, he was thrown down, trampled upon, and very much beaten. It was found, on examining him, that mischief had been done to the spinal marrow; there was partial paralysis of the superior extremities, and complete paralysis of the inferior extremities. He possessed the power of flexion in the arms, but was not capable of extending them; he complained of great pain about the shoulders, extending down each arm to the tips of the fingers. The spine was carefully examined, but there was no perceptible irregularity to be found in the spinous processes, nor any effusion or extravasation into the soft parts, to point out the immediate seat of injury.

Mr. Tyrrell directed the patient to be cupped between the shoulders; the catheter to be introduced, and a dose of castor oil to be exhibited.

Feb. 6. The lower extremities continue in the same paralysed condition as yesterday, and there is the same diminished state of volition and sensation in the arms, with pain extending down the course of the nerves, and a sense of formication. There is no sensation about the abdomen, except hard pressure be made; the sphincter ani has lost its power of resistance, the fæces being now discharged involuntarily. The bladder too has lost its tone, the urine being retained until drawn off by the catheter. The penis is not in an erect state to-day; it was partially so yesterday. The face is flushed; the breathing slow and laboured; the pulse about 80, and of moderate volume; the tongue is covered with a white, moist fur, but in the centre there is a dry and brown streak; the patient complains of thirst; the abdomen is tense, but not much distended. In the evening Mr. Tyrrell directed the cupping to be repeated.

7. The poor fellow is evidently worse; his face is now pallid, the lips are livid, and respiration appears to be carried on with great difficulty, being accomplished by means of the diaphragm alone. The pulse about 86, and less in volume than yesterday; the patient is incapable of replying to questions. The catheter is introduced frequently; the fæces pass involuntarily.

8. In much the same state as yesterday; he died, however, in the evening.

Inspection of the Body.

The body was examined at noon, on the day after the patient's decease, by Mr. Tyrrell, in the presence of the pupils.

An incision having been made through the integuments, over the spinous processes of the vertebræ, it was found that the interspinous ligament of the sixth and seventh cervical vertebræ had been completely torn through. There was, however, no perceptible fracture of the spines or arches of any of the vertebræ, and therefore the examination was continued by sawing through the arches of the vertebræ on each side, and removing them in order to expose the spinal chord. This having been done, a considerable quantity of extravasated blood was seen lying on the sheath beneath the lower cervical vertebræ. When the blood was removed, the dura-matral covering beneath presented a bluish appearance, and on laying open the sheath a quantity of serum escaped. The pia-mater at this part was more loaded with blood than natural, as was also the chord, all the parts having the appearance of being ecchymosed and bruised.

On examining the body more minutely after the preceding facts had been observed, it was discovered that *the substance between the seventh cervical and first dorsal vertebra was nearly torn through; the ligamentum commune posterius was completely lacerated, so that the body of the seventh cervical vertebra was carried forward. The inferior oblique process of this vertebra, on the right side, was separated from, and carried in front of, the superior oblique process of the first dorsal; on the left side, the corresponding process was fractured through its middle, and the upper portion was carried forward with the oblique process of the seventh cervical vertebra.*

GUY'S HOSPITAL.

CASE OF INJURY TO THE SPINE.

Fracture of one of the Cervical Vertebræ, with Extravasation of Blood on the Spinal Marrow.

D. R., ætat 57, a stout, healthy-looking man, was admitted into Accident Ward on 5th of December, under the care of Mr. Morgan, on account of injury to the spine. The accident was occasioned by the patient falling from a cart, his head being forcibly bent forwards, and at the same time receiving a blow on the lower cervical vertebræ. He complained chiefly of pain at the lower part of the neck, and evinced much tenderness on pressure being made on the spinous processes at this part; there was not, however, any displacement of bone apparent; the motions of the neck were impeded and painful, but the patient said that he was more free from pain when the head was bent forward. The power of volition was imperfect in the right arm, and still more so in the right leg, but the sentient power of these parts did not appear to be less than natural; there was inability to void the urine. The pulse was slow and feeble, the pupils of each eye contracted, not readily dilating, but more especially that of the right side. There was a small wound of the scalp, but the man did not complain of pain in the head, nor was there any apparent disturbance of the cerebral functions: he had been bled from the arm a short time before admission.

Mr. Morgan directed the patient to be cupped at the back of the neck, and a dose of aperient medicine to be exhibited. In the course of a few hours, the pulse was found to have increased both in force and frequency, and in consequence of this about fourteen ounces of blood were taken from the arm. A catheter was now introduced, and the urine drawn off.

6. The bowels have been freely evacuated by the aperient exhibited yesterday; the pulse is slow and full; the bladder is still incapable of expelling its contents; in other respects the patient continues the same as described in the report of yesterday.

7. The patient continues much the same. Ordered to take a dose of house medicine; a catheter is introduced night and morning.

8. There is more motion in the right arm, but the right leg continues paralytic. The right pupil is less contracted, the pain on moving the neck remains, as well as the retention of urine. The pulse is somewhat sharp, and of moderate volume; the tongue is moist, but covered with a yellowish fur. To repeat the house medicine; the bowels were moved twice by that exhibited yesterday.

9. The pulse about 90, and rather full; the skin is moist; otherwise in the same state as yesterday. Repeat the house physic.

10. The pulse 100, full and strong, the respiration oppressed, and there is some anxiety depicted in the patient's countenance; we find on examining the surface of the body, that it is very moist, the patient having been, according to his own account, in a profuse sweat for some time; the skin, notwithstanding, is preternaturally hot; the tongue is foul and moist, the pain in the neck is considerable, and the paralytic symptoms remain the same; there is a tingling sensation felt down the right leg and thigh; the bowels have been freely relieved. Ordered to be bled from the arm to the amount of sixteen ounces. After the blood-letting the pulse became intermittent for a short period, and was much lessened in volume; but in the course of two hours, was again strong and full, and its intermissions had ceased.

11. The patient passed a restless night; the pulse this morning is 120, full and strong, with some degree of vibratory action; the respiration is difficult, and apparently effected principally by the diaphragm and abdominal muscles. Two or three motions from the bowels have passed, without the patient being conscious thereof, the tongue is covered with a thick brownish-yellow fur, and the surface of the body is bedewed with sweat. The degree of paralysis in the right arm has certainly increased; the patient now lies in bed with his head hanging towards the left side of his body. The blood drawn yesterday was buffed and cupped. Ordered, to be cupped on the back of the neck to the amount of eighteen ounces, and a blister to be afterwards applied.

The preceding report was made at midday. On visiting the Hospital the following morning, we learned that the patient gradually became worse from the date of our report till eight o'clock in the evening, when he expired.

Soon after the decease of the patient, his friends removed the body, and it was only with great difficulty that permission was obtained to inspect the body privately. It was, however, accomplished by Dr. Hodgkin, who informed us that on detaching the posterior part of the cervical vertebræ, he found considerable extravasation of blood upon the theca, and an increased quantity of serous fluid within the theca. The substance of the spinal marrow was much softened, to the extent of two inches or more. There was fracture either of the 4th or 5th cervical vertebra, but of which Dr. H. could not clearly ascertain on account of the friends of the deceased being present, and evincing insuperable objections to the removal of any part. Dr. Hodgkin, however, remarked that the fracture was very distinct, the spine giving way under examination by the hand after the removal of the muscles.